

STD

SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

2004

Arnold Schwarzenegger, Governor
STATE OF CALIFORNIA

Kimberly Belshé, Secretary
HEALTH AND HUMAN SERVICES AGENCY

Sandra Shewry, Director
DEPARTMENT OF HEALTH SERVICES



December 2005

SEXUALLY TRANSMITTED DISEASES
IN CALIFORNIA
2004

Prepared by the

Department of Health Services
Division of Communicable Disease Control
Sexually Transmitted Disease Control Branch
1616 Capitol Avenue, Suite 74.324, MS 7320
P.O. Box 997413
Sacramento, California 95899-7413
(916) 552-9770

ARNOLD SCHWARZENEGGER
Governor
State of California

Kimberly Belshé
Secretary
Health and Human Services Agency

Sandra Shewry
Director
Department of Health Services

Preface

This report, entitled *Sexually Transmitted Diseases in California, 2004*, includes current surveillance and prevalence monitoring disease data collected through 2004 for the following infectious diseases: chlamydia, gonorrhea, syphilis, chancroid, and associated clinical syndromes, including pelvic inflammatory disease and non-gonococcal urethritis.

Sexually Transmitted Diseases in California is an annual publication of the California Department of Health Services, Sexually Transmitted Disease (STD) Control Branch. All tables and figures in this edition supersede those in earlier publications of these data.

This report provides a comprehensive picture of STD trends and current morbidity in California. These data are compiled to guide policy and program development within the California STD Control Branch, local STD programs, and other public health agencies.

Copyright Information

All material contained in this report is in the public domain and may be used and reprinted without permission; citation to source, however, is appreciated.

Suggested Citation

Sexually Transmitted Diseases in California, 2004. California Department of Health Services, STD Control Branch, December 2005.

Web Site

This report will be available by Internet via the California Department of Health Services, STD Control Branch home page at <http://www.dhs.ca.gov/ps/dcdc/std/stdindex.htm>.

Acknowledgements

The production of this report was made possible with the cooperation and assistance of the following individuals and programs:

DEPARTMENT OF HEALTH SERVICES
DIVISION OF COMMUNICABLE DISEASE CONTROL
Mark Starr, D.V.M., M.P.V.M., Acting Chief

DEPARTMENT OF HEALTH SERVICES
STD CONTROL BRANCH

Gail Bolan, M.D., Chief
Michael Samuel, Dr.P.H.
Joan Chow, Dr.P.H.
Denise Gilson

Gail Gould
Terrence Lo, M.P.H.
Jayne Bradbury, M.P.H.
Jennifer LaChance, M.S.

Jane Guo, M.S.
Angel Carrillo
Berlene Osafo-Mensah

DEPARTMENT OF HEALTH SERVICES
INFECTIOUS DISEASES BRANCH

Surveillance and Statistics Section: Stan Bissell, M.S., Shu Sebesta

DEPARTMENT OF FINANCE
Demographic Research Unit

In addition, the STD Control Branch gratefully acknowledges the cooperation and assistance of the STD Control Officers of the local health jurisdictions in California and the California STD Controllers Association. The STD Control Branch recognizes the valuable contributions made by the Los Angeles County STD Control Program, especially Kai-Jen Cheng, M.P.H., Getahun Aynalem, M.D., M.P.H., Kellie Hawkins, M.P.H., and Joselene Samson, and by the San Francisco County STD Control Program, especially Charlotte Kent, Ph.D., and Robert Kohn, M.P.H.

Inquiries regarding this report should be directed to Denise Gilson, STD Control Branch, Surveillance and Data Management Unit, 1616 Capitol Avenue, MS 7320, P.O. Box 997413, Sacramento, CA 95899-7413, or to (916) 552-9770.

TABLE OF CONTENTS

PREFACE	ii
ACKNOWLEDGEMENTS	iii
INTRODUCTION.....	1
DATA SOURCES	2
CHLAMYDIA IN CALIFORNIA.....	5
GONORRHEA IN CALIFORNIA	10
SYPHILIS IN CALIFORNIA.....	14
OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA	17
FIGURES	
Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary Syphilis, California Rates, 1990–2004	21
Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and AIDS by Age Group and Gender, California, 2004.....	21
Figure 3. Rates of Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and AIDS by Race/Ethnicity and Gender, California, 2004	22
Figure 4. Chlamydia, California versus United States Rates, 1990–2004.....	23
Figure 5. Chlamydia, California Map, Rates by County, 2004.....	23
Figure 6. Chlamydia, Rates by Gender, California, 1990–2004	24
Figure 7. Chlamydia, Rates for Females by Age Group, California, 1990–2004.....	24
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2004	25
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2004	25
Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2004.....	26
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics by Age Group, 1996–2004	26
Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males at STD Clinics by Age Group, 1996–2004	27
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2004.....	27
Figure 14. Chlamydia Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004	28
Figure 15. Gonorrhea, California Rates, 1913–2004.....	29
Figure 16. Gonorrhea, California versus United States Rates, 1941–2004	29
Figure 17. Gonorrhea, California Map, Rates by County, 2004	30
Figure 18. Gonorrhea, Rates by Gender, California, 1990–2004.....	30
Figure 19. Gonorrhea, Rates for Males by Age Group, California, 1990–2004.....	31
Figure 20. Gonorrhea, Rates for Females by Age Group, California, 1990–2004	31

TABLE OF CONTENTS

Figure 21.	Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2004	32
Figure 22.	Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2004	32
Figure 23.	Gonorrhea Prevalence Monitoring, Percent Positive by Gender and Health Care Setting, California, 2004	33
Figure 24.	Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2004.....	33
Figure 25.	Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics by Gender, 1996–2004	34
Figure 26.	Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2004.....	34
Figure 27.	Gonorrhea Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004	35
Figure 28.	Gonococcal Isolate Surveillance Project (GISP), Percent of <i>Neisseria Gonorrhoeae</i> Isolates Obtained from Men who Have Sex with Men in Five California STD Clinics, 1990–2004.....	35
Figure 29.	Gonococcal Isolate Surveillance Project (GISP), Percent of <i>Neisseria Gonorrhoeae</i> Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Four California STD Clinics, 1990–2004	36
Figure 30.	Total Syphilis (all stages), California Rates, 1913–2004.....	37
Figure 31.	Primary and Secondary Syphilis, Cases by Gender, California, 1996–2004	37
Figure 32.	Number of Men who Have Sex with Men Primary and Secondary Syphilis Cases by Region and Year.....	38
Figure 33.	HIV Status Among Men who Have Sex with Men Primary and Secondary Syphilis Cases, California, 2002–2004	38
Figure 34.	Percent of Interviewed Men who Have Sex with Men Primary and Secondary Syphilis Cases Reporting Meeting Partners by Venue, California, 2001–2004	39
Figure 35.	Primary and Secondary Syphilis, California versus United States Rates, 1941–2004....	39
Figure 36.	Primary and Secondary Syphilis, California Map, Rate by County, 2004	40
Figure 37.	Primary and Secondary Syphilis, Rates by Gender, California, 1990–2004	40
Figure 38.	Primary and Secondary Syphilis, Rates for Males by Age Group, California, 1990–2004	41
Figure 39.	Primary and Secondary Syphilis, Rates for Females by Age Group, California, 1990–2004	41
Figure 40.	Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2004	42
Figure 41.	Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2004	42
Figure 42.	Congenital Syphilis in Infants less than One Year of Age, California versus United States Rates, California, 1963–2004	43
Figure 43.	Congenital Syphilis in Infants less than One Year of Age, California Map, Rates by County, 2004	43
Figure 44.	Congenital Syphilis Cases in Infants less than One Year of Age versus Female Primary and Secondary Syphilis Rates, California, 1990–2004.....	44

TABLE OF CONTENTS

Figure 45.	Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2004	44
Figure 46.	Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 2004	45

TABLES

Table 1.	Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2004	49
Table 2.	Chlamydia, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004.....	51
Table 3.	Chlamydia, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004	52
Table 4.	Chlamydia, Cases and Rates for Females of Select Age Groups, California Counties, and Selected City Health Jurisdictions, 2004	53
Table 5.	Chlamydia Prevalence Monitoring, Number Tested and Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2004	54
Table 6.	Chlamydia Prevalence Monitoring, Self-Reported Symptoms Among Chlamydia Cases at Family Planning and STD Clinics, California, 2004.....	54
Table 7.	Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics by Gender, Race/Ethnicity, and Age Group, California, 2004	55
Table 8.	Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics by Gender, Race/Ethnicity, and Age Group, California, 2004.....	56
Table 9.	Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Hall Facilities by Gender, Race/Ethnicity, and Age Group, California, 2004	57
Table 10.	Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004	58
Table 11.	Gonorrhea, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004.....	59
Table 12.	Gonorrhea, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004	60
Table 13.	Gonorrhea, Cases and Rates for Select Age Groups by Gender, California Counties and Selected City Health Jurisdictions, 2004.....	61
Table 14.	Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive by Gender and Health Care Setting, California, 2004.....	62
Table 15.	Gonorrhea Prevalence Monitoring, Chlamydia Positivity among Gonorrhea-Positive Females by Health Care Setting and Age Group, 2004	62
Table 16.	Gonorrhea Prevalence Monitoring, Chlamydia Positivity among Gonorrhea-Positive Males by Health Care Setting and Age Group, 2004	62
Table 17.	Gonorrhea Prevalence Monitoring, Percent Positive by Health Care Setting, Gender, and Age Group, California, 2004.....	63
Table 18.	Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2000–2004	64

TABLE OF CONTENTS

Table 19.	Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1995–2004	65
Table 20.	Primary and Secondary Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004	66
Table 21.	Primary and Secondary Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004	67
Table 22.	Early Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004	68
Table 23.	Early Latent Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004	69
Table 24.	Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004	70
Table 25.	Congenital Syphilis in Infants less than One Year of Age, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004.....	71
Table 26.	Congenital Syphilis in Infants less than One Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 1995–2004	72
Table 27.	Pelvic Inflammatory Disease, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004	73
Table 28.	Non-Gonococcal Urethritis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004	74
Table 29.	Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2000–2004	75

APPENDIX

Title 17.	California Code of Regulations, Section 2500, Reportable Diseases and Conditions	79
-----------	--	----

INTRODUCTION

OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2004

Rates of chlamydia, gonorrhea, and early syphilis all increased in California in 2004, compared to 2003. In 2004, nearly 123,000 cases of chlamydia were reported (122,538 cases, for a rate of 334.9 per 100,000 population); approximately 30,000 cases of gonorrhea were reported (30,258 cases, for a rate of 82.7 per 100,000 population); and nearly 1,400 cases of primary and secondary syphilis were reported (1,358 cases, for a rate of 3.7 per 100,000 population). These large numbers of reported cases made sexually transmitted diseases (STDs) by far the most commonly reported communicable diseases in California (and in the United States). Further, because STDs often are asymptomatic, the true burden of these diseases was many times greater than the number of reported cases.

These increases in chlamydia, gonorrhea, and syphilis in 2004 were generally seen in all age groups, in all race/ethnic groups, and in both males and females. One notable trend was that syphilis increased slightly again in females from 0.3 in 2003 to 0.4 in 2004, after steady decreases since 1990. There was a decrease in the rate of congenital syphilis from 12.8 per 100,000 live births in 2003 to 11.7 in 2004, but this rate was still higher than in 2002 (9.3 per 100,000 live births). Syphilis continued to increase in males, particularly among gay and other men who have sex with men (MSM), many of whom were co-infected with HIV.

Many important patterns (e.g., geography, sex, age, race/ethnicity, time) of STD distribution are described in detail in the following sections of disease-specific text, figures, and tables. Two key points that require emphasis emerge from these patterns: the extraordinarily high rates of STDs among African American/Blacks and the high rates of chlamydia and gonorrhea among persons under 25 years of age, particularly females. For example, the gonorrhea rate in 2004 for African American/Black females was more than 12 times higher than for non-Latina white females, and the rate for African American/Black males was more than seven times higher than among non-Latino white males. In some age groups these racial disparities were substantially greater. Similar race/ethnic disparities have also been noted from prevalence monitoring in family planning and STD clinic populations. Although the precise reasons for these elevated African American/Black rates are not known, they undoubtedly are at least in part related to sexual network and mixing patterns, social and economic disruption, and the much higher prevalence of all STDs in African American/Black communities. Addressing these racial/ethnic STD disparities is of paramount concern and a critical challenge for our STD programs.

Also of concern is the large number of STDs among young persons, a pattern observed in case-based reporting data, as well as in prevalence monitoring data from public and private sector sentinel sites. For example, in 2004, more than 60,000 cases of chlamydia in females 15 to 24 years of age were reported, representing almost 70 percent of all female cases. And, as noted, these cases represented only a fraction of the true number of infections that occurred. This large burden of disease results in chlamydia and gonorrhea being the leading cause of preventable infertility in California, affecting all women, but particularly women who are just entering their reproductive years.

DATA SOURCES

Overview of the Data Sources by Sexually Transmitted Disease

DATA SOURCE	Sexually Transmitted Disease			
	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE			X	
PREVALENCE MONITORING				
Family Planning	X	X		
STD Clinics	X	X		
Managed Care	X	X		
Juvenile Halls	X	X		
GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)		X		

The STD surveillance systems operated by state and local STD control programs are the sources of California data in this publication. **Case-based surveillance** is conducted for the following reportable STDs: chlamydia, gonorrhea, syphilis, pelvic inflammatory disease (PID), non-gonococcal urethritis (NGU), and chancroid. Case reports are submitted to local health jurisdictions in the form of laboratory reports and Confidential Morbidity Reports (CMRs). The local health jurisdictions then submit the data to the California Department of Health Services (CDHS). Submission of the data may be accomplished electronically in two ways. Most health jurisdictions either use the Automated Vital Statistics System (AVSS) communicable disease module, or enter case data into a non-AVSS database using regional office computers or STD surveillance unit staff support in Sacramento. A small number of health jurisdictions report case data through paper-based transactions (individual CMRs).

Rates by county and selected city health jurisdictions were calculated with the use of State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000–2004*, Sacramento, California, February 2005. Rates by age, race/ethnicity, and gender were calculated with the use of State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*, Sacramento, California, May 2004. Since these reports present different population projections or estimates, total California rates may not be identical. In this report, data are presented by county and for the separate city health jurisdictions of Berkeley, Long Beach, and Pasadena. The data for these cities are displayed separately from their respective county totals and are included in the county totals.

The **race and ethnicity** information listed and the corresponding census categories are: African American/Black (Black, non-Hispanic); Hispanic/Latino (Hispanic ethnicity, regardless of race designation); White (white, non-Hispanic); Asian/Pacific Islander; Native American/Alaskan Native; and Not Specified (no race or ethnicity information was

available). The substantial amount of missing race/ethnicity data from the laboratory reports and CMRs limits the interpretation of race/ethnicity data from surveillance data. The majority of case reports originate from laboratories, a group which does not routinely collect data on race/ethnicity. Further, some managed care organizations and other health care service providers do not routinely record race/ethnicity of patients. The observed racial/ethnic disparities may reflect true differences in the infection rates, differential access to health care, and/or reporting practices of different types of providers that serve different populations.

Rates for **congenital syphilis** were calculated with the use of State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 2000–2014, with Births and Fertility Rates by Race/Ethnicity and Age of Mother*, Sacramento, California, September 2005; and State of California, Department of Health Services, Vital Statistics Section, *Live Births by Race/Ethnic Group of Mother, California Counties and Selected City Health Departments, California, 2004 (By Place of Residence)*.

Prevalence monitoring for chlamydia and gonorrhea is conducted primarily in family planning and STD clinics. Centers for Disease Control and Prevention (CDC) began funding prevalence monitoring projects in Region IX (California, Nevada, Arizona, Hawaii, and the six U.S. Pacific Trust Territories) in 1995. The chlamydia prevalence data for California comes from three project areas: San Francisco, Los Angeles, and the California Project Area (CPA), which includes the remaining health jurisdictions in California. In 2004, California collected chlamydia and gonorrhea testing data from 34 family planning clinics and 14 STD clinics.

Prevalence monitoring for chlamydia and gonorrhea is also conducted in managed care settings. Since 1999, Kaiser Permanente Northern California (KPNC) has participated in electronic transmissions of data to CDHS as part of the Public Health Improvement Project (PHIP). Through a data transmission protocol that removes patient identity, KPNC provided the chlamydia and gonorrhea testing data for all patients tested in 2004.

Prevalence monitoring data for juvenile hall facilities comes from the Chlamydia Screening Project (ClASP), which provides chlamydia screening for adolescents at entry into juvenile detention facilities through partnerships between juvenile justice and local health department STD control programs. Data on chlamydia and gonorrhea testing comes from a standardized data collection form used in all participating sites.

California data from the national **Gonococcal Isolate Surveillance Project (GISP)** are presented as an indicator of antimicrobial resistance in a sample of *Neisseria gonorrhoeae* isolates. Every month, sentinel site STD clinics in Long Beach, Los Angeles (added in 2003), Orange, San Diego, and San Francisco health jurisdictions are asked to submit the first 25 gonococcal isolates from male urethral specimens. Because of decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month in a given site. Thus, fewer specimens are actually submitted for antimicrobial resistance testing.

The source of **national STD data** presented is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S.

Department of Health and Human Services, September 2005. The source for chlamydia prevalence monitoring is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2004 Supplement, Chlamydia Prevalence Monitoring Project*. Atlanta, Georgia: U.S. Department of Health and Human Services, October 2005. The U.S. Year 2000 Goals are from *Healthy People 2000 Midcourse Review and 1995 Revisions*, pages 256-259. The U.S. Year 2010 Goals are from *Healthy People 2010*, Volume II (2nd edition), Focus Area 25 (Sexually Transmitted Diseases).

Readers should observe caution when interpreting rates based on few events and/or small populations. For more information, refer to *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers, Revised, July 2003*. This publication can be found at: <http://www.ucsf.edu/fhop/docs/pdf/prods/smallnumbers2003.pdf>.

For chlamydia, gonorrhea, and primary and secondary syphilis trends at the local health jurisdiction level, please refer to the California Local Health Jurisdiction STD Data Summaries found at: <http://www.dhs.ca.gov/ps/dcdc/STD/datayears.htm>.

Other California STD data, including slide sets of these surveillance data, can be found at: <http://www.dhs.ca.gov/ps/dcdc/STD/datatables.htm>.

CHLAMYDIA IN CALIFORNIA

Surveillance for chlamydia in California includes both case-based surveillance and prevalence monitoring of chlamydia positivity in sentinel sites across health care settings and venues. This two-pronged approach to chlamydia surveillance recognizes that most chlamydia infections are asymptomatic and that case detection is dependent on screening levels.

Case-based surveillance enables monitoring of incident chlamydia infections across the state. However, access to testing may vary by demographic characteristics and local health jurisdiction. Furthermore, chlamydia incidence based on reported cases underestimates the true incidence, due to incomplete screening coverage of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not confirmed by testing.

Chlamydia prevalence monitoring allows assessment of chlamydia prevalence in health care settings with defined screening protocols, consistent collection of data, measurement of chlamydia and gonorrhea co-infection, and evaluation of the impact of targeted prevention efforts over time. Data from prevalence monitoring activities come from a convenience sample of selected venues serving diverse populations throughout the state.

Case-Based Chlamydia Surveillance — Overview

In 2004, chlamydia was the most common reportable communicable disease in California, with 122,538 reported cases, for a rate of 334.9 per 100,000 population (Table 1). Chlamydia cases accounted for 76 percent of reported STD cases in the state.

Case-Based Chlamydia Surveillance — California versus United States

California chlamydia morbidity accounted for approximately 13.2 percent of the reported chlamydia cases in the United States for 2004. Comparison of California and national rates during the period 1990 to 2004 indicated concurrent rises in chlamydia rates from 1995 to 1999. However, in 2000, chlamydia rates in California surpassed those for the United States, and California rates continued to exceed the national rates in 2004 (Figure 4). Increasing rates may be due in part to true increases in morbidity, but may also be due to expansion of screening programs across diverse health care settings and increased availability of more sensitive diagnostic tests that use nucleic acid amplification.

Case-Based Chlamydia Surveillance — Geographic Distribution

The 2004 chlamydia data by local health jurisdiction indicated substantial differences across the state (Figure 5). The highest rates per 100,000 population were reported in the following local health jurisdictions: Madera (579.6), Fresno (554.7), Kern (501.1), Long Beach (465.0), Sacramento (457.8), and San Francisco (455.0) (Table 2). On a regional basis, the Central Valley and southern regions extending from Sacramento County to Imperial County had the highest rates (greater than 200 per 100,000). Differences in chlamydia rates by local health jurisdictions may reflect true differences in

chlamydia morbidity, differential access to medical care and chlamydia testing, and patterns of reporting by providers.

In addition, chlamydia incidence is affected by the proportion of the population comprising the age groups with the highest chlamydia rates: adolescents and young adults. When 2004 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Madera (3,680.6), Fresno (3,502.3), Kings (3,475.9), Sacramento (3,401.3), Kern (3,384.3), and San Francisco (3,349.7) (Table 4).

When the 2004 chlamydia data were compared with 2003 data, increases in the numbers and rates of reported cases were evident for the majority of health jurisdictions (Table 2). Notably, there was a substantial increase in chlamydia rates (72 percent) in Madera (from 336.6 per 100,000 in 2003 to 579.6 in 2004). Colusa, Marin, Mariposa, and Plumas also displayed rate increases greater than 70 percent; however, the case counts and rates for these jurisdictions were much lower than those for Madera.

Case-Based Chlamydia Surveillance — Gender

The 2004 data continue to demonstrate large differences by gender that likely reflect differential access to and utilization of chlamydia testing by females versus males. There may also be differential acquisition and transmission rates by gender that contributed to gender differences in case rates. From 1990 to 2004, chlamydia rates for females were consistently about three times higher than rates for males (Figure 6). In 2004, the female chlamydia rate was 486.9 per 100,000, compared with the male rate of 184.0 (Table 3).

Females have more opportunities than do males to access health care services through routine Pap smear screening, family planning services, and other services related to reproductive health care. In addition, although the majority of chlamydia infections in males are asymptomatic, there are no guidelines for screening asymptomatic males. The expansion of urine-based screening, particularly in those health care settings where males receive care, may ultimately increase chlamydia case detection among males. Improvement in partner notification strategies to test and treat male contacts of female chlamydia cases may also further reduce the gender disparities in case rates.

Case-Based Chlamydia Surveillance — Age

Case-based chlamydia surveillance data by age have consistently shown the highest rates to be among adolescents and young adults. Prior to 2000, the highest rates were among females in the 15- to 19-year-old age group; however, the 2000-04 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (2,602.0 per 100,000 in 2004) (Figure 7, Table 3). Although male rates were lower, the age trends were similar to those for females, with the highest rates also among the 20- to 24-year-old age group (828.9) (Table 3).

Increases in the chlamydia rates for adolescent and young adult groups have been seen since 1990 and may reflect increases in screening for these higher-risk groups in

accordance with CDC and other national screening guidelines.¹ The high chlamydia rates seen in these younger age groups underscore the need for continued screening based on age. Increased access to and utilization of health care services may enable higher screening rates in these age groups. The greater acceptance of noninvasive, urine-based screening may also facilitate significant expansion of screening to nontraditional test settings, thereby improving rates of case findings.

Case-Based Chlamydia Surveillance — Race/Ethnicity

Consistent with patterns seen since 1990, the 2004 data indicated that African American/Black chlamydia rates were higher (728.5 per 100,000) than rates for Latinos (312.9), Native American/Alaskan Natives (129.3), Asian/Pacific Islanders (116.7), and non-Latino whites (107.1) (Figure 8, Table 3). Observed racial/ethnic disparities may be due to differential access to health care, patterns of sexual behavior, prevalence of infection in core transmission groups, and reporting practices of different types of providers.

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

Chlamydia Prevalence Monitoring

Chlamydia prevalence monitoring is based on chlamydia testing data from a variety of health care settings that perform chlamydia screening. These settings include STD clinics, family planning clinics, managed care plans, and juvenile halls and cover a diverse range of populations at risk for chlamydia infection. Test positivity at each site was calculated by dividing the total number of positive tests for chlamydia (numerator) by the total number of chlamydia tests (denominator) and is expressed as a percentage. Crude positivity may include multiple tests per person. Thus, test positivity can be considered an estimate of the true prevalence of chlamydia.²

Overall, among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (22.9 percent), followed by those tested in juvenile halls (14.3 percent). Females attending managed care organizations, family planning clinics, college sites, teen clinics, and school-based sites had substantially lower positivity (Figure 9, Table 5).

The 2004 data indicated that a large proportion of chlamydia-infected patients in these screening settings were asymptomatic: 75.1 percent of females in family planning clinics, 63.4 percent of females in STD clinics, and 71.3 percent of males in STD clinics (Table 6).

¹ Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6): [32].

² Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? Sex Transm Dis 1998; 25: 251-3.

Chlamydia Prevalence Monitoring — Family Planning Clinics

In 2000, the *Healthy People 2010* objective revised the prevalence goal to be no more than three percent for females 15 to 24 years of age attending family planning clinics.³ Chlamydia positivity in females aged 15 to 24 years in family planning sites increased from 6.0 percent in 2003 to 6.3 percent in 2004, and still remains more than twice the 2010 objective (Figure 10, Table 7).

Analysis of the 2004 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (9.5 percent) than females (4.7 percent) (Table 7). These differences were evident across age groups and racial/ethnic groups, and probably reflect the utilization of family planning services by symptomatic males or males who were identified as contacts to family planning female chlamydia cases. The positivity in symptomatic groups is typically much higher than among the asymptomatic groups and is not representative of chlamydia prevalence among males in general.

Analysis of chlamydia positivity data by racial/ethnic group in family planning settings demonstrated similar, although less striking, racial/ethnic disparities, compared to those seen in the case-based data: African American/Blacks had positivity approximately two-fold higher than that for non-Latino whites (Table 7). These disparities between racial/ethnic groups were particularly striking in the adolescent and young adult age groups.

Chlamydia Prevalence Monitoring — STD Clinics

The *Healthy People 2010* objective targets the reduction of the prevalence of chlamydia infections to no higher than three percent for both females and males 15 to 24 years of age attending STD clinics.³ In 2004, the female and male chlamydia positivity levels for this age group were almost six times the objective, at 17.9 and 16.9 percent, respectively (Figures 11-12, Table 8). The highest age-specific positivity in 2004 was in the adolescent and young adult age groups (younger than 25 years of age): 17.9 percent among females and 16.9 percent among males (Table 8). Racial/ethnic differences in chlamydia positivity were also apparent in STD clients, in that non-white groups had chlamydia positivity approximately double that for non-Latino whites. These disparities were particularly striking in the adolescent and young adult age groups. Note that more than 50 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity and that the positivity in this group was relatively high, at 12.4 percent (Table 8).

³ U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

Chlamydia Prevalence Monitoring — Juvenile Hall Facilities

Chlamydia positivity in juvenile halls tends to be high, similar to that found in STD clinics. Chlamydia screening of these populations is an important control strategy for the community as a whole.

In 2004, the positivity among females (13.9 percent) was higher than among males (4.9 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9). Focusing only on those detainees under the age of 20 years, the age trends among juvenile detainee cases indicated the highest positivity to be among the 15- to 16-year-old age group (14.4 percent), followed closely by the 17- to 19-year-olds (14.2 percent) for females, and the 17- to 19-year-old age group (6.5 percent) for males. Racial/ethnic disparities were also apparent to some degree in the positivity data for this population: African American/Blacks had higher positivity (10.8 percent) than did non-Latino whites (5.8 percent) (Table 9).

Chlamydia Prevalence Monitoring — Managed Care

While the overall positivity in 2004 for female patients tested in 55 KPNC facilities was relatively low (2.6 percent), age-specific chlamydia positivity demonstrates patterns similar to those seen in case-based surveillance, in that the prevalence was highest among the younger age groups (Figure 14, Table 10). Chlamydia positivity was highest among females aged 10 to 14 years, at 4.8 percent, followed closely by those aged 15 to 19 years (4.6 percent); and lower among the 20- to 24-year-old age group, at 2.9 percent. Females 25 years of age and older had significantly lower positivity, at less than two percent. More than two-thirds of the cases for KPNC were in the younger age groups.

Chlamydia testing among males in KPNC constituted approximately twelve percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall levels seen in males (6.0 percent) versus females (2.6 percent) were not representative of screening of asymptomatic males (Table 10).

GONORRHEA IN CALIFORNIA

Surveillance for gonorrhea in California comprises case-based surveillance and prevalence monitoring in sentinel sites located in various clinic settings (e.g., family planning, STD, managed care) and non-clinical settings (e.g., juvenile halls, mobile clinics). See the Data Sources section for detailed information about the collection of these data. While case-based reporting enables monitoring of incident gonorrhea infections, it is influenced by screening of at-risk populations, which may vary by geography and health care setting. Many gonorrhea infections, especially in females, are asymptomatic and detectable only through screening. Untreated gonococcal infection is associated with adverse reproductive health consequences in both females and males. In addition, infections in pregnant females can lead to serious perinatal complications. Prevalence monitoring in sentinel sites is a strategy complementary to case-based surveillance; it enables monitoring of gonorrhea prevalence in specific health care settings with defined prevention and control strategies to evaluate the impact of prevention efforts. Monitoring for antimicrobial resistance is conducted in California as part of GISP.

Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most common reportable communicable disease in California. In 2004, California received a total of 30,258 reports of gonorrhea cases, for an incidence of 82.7 per 100,000 population (Table 1).

Because of incomplete screening of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not laboratory-confirmed, the case-based incidence underestimates the true incidence.

Case-Based Gonorrhea Surveillance — California versus United States

California gonorrhea morbidity accounted for approximately nine percent of all gonorrhea cases reported in the United States. Incidence rates for gonorrhea declined significantly between 1985 and 1999 in both California and the United States (Figure 16). However, California rates increased between 1999 and 2004. Nevertheless, rates in California in 2004 (82.7 per 100,000 population) remain well below those reported nationally (113.5 per 100,000 population). In 2000, the *Healthy People 2010* objective revised the gonorrhea incidence rate to fewer than 19 cases per 100,000;⁴ the incidence rate in California was more than 4.3 times that objective in 2004.

Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, 69 percent (42/61) of health jurisdictions had a gonorrhea incidence above the *Healthy People 2010* goal of fewer than 19 cases per 100,000 population.⁴ The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (269.4), Sacramento (143.7), Fresno (131.6), Madera (129.8), San Joaquin (128.6), and Kern (128.3) (Figure 17, Table 11). Among these six

⁴ U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

health jurisdictions, the most pronounced rate increase since 2003 was in Madera, with a 121 percent increase), while Fresno showed a two percent rate decrease (Table 11).

Health jurisdictions with no gonorrhea cases reported in 2003 included Alpine, Modoc, and Sierra. Differences in gonorrhea rates among local health jurisdictions may reflect true differences in the infection rates, differential access to medical care, screening practices, and reporting by providers.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence of gonorrhea include Sacramento (702.1), Alameda (607.6), Fresno (591.6), San Joaquin (562.7), and Kern (523.1) (Table 13).

Case-Based Gonorrhea Surveillance — Gender

From 1991 to 1999, gonorrhea incidence declined substantially among both males and females, but has increased each year from 2000 through 2004 (Figure 18). In 2004, among males the incidence of gonorrhea was 90.8, and among females the incidence was 75.0 per 100,000 population (Table 12). Of note, there was a sharp increase in the male incidence of gonorrhea in 2000 and again in 2004 (Figure 18). The gender disparity decreased substantially between 1990 and 1996, and then increased in 2000 and has remained relatively stable since then. Currently, gonorrhea cases among females represent 45.2 percent of total cases in California.

Case-Based Gonorrhea Surveillance — Age

In 2004, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (347.6 per 100,000), followed by the 15- to 19-year-old age group (329.0) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 62.7 percent of total female cases. The peak age group among males was 20 to 24 years old (285.7) (Figure 19, Table 12).

Case-Based Gonorrhea Surveillance — Race/Ethnicity

Consistent with a pattern seen since 1990, the 2004 data indicate that the gonorrhea incidence among African American/Blacks was more than nine times higher than that among non-Latino whites (Figures 3, 21-22). In 2004, African American/Blacks had gonorrhea rates that were substantially higher (324.2 per 100,000) than rates for Latinos (47.0), Native American/Alaskan Natives (36.5), non-Latino whites (34.5), and Asian/Pacific Islanders (16.7) (Table 12).

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

Gonorrhea Prevalence Monitoring

Gonorrhea prevalence monitoring is based on gonorrhea testing data from a variety of health care settings that perform gonorrhea screening. See the Chlamydia Prevalence Monitoring section for a description of the collection of these data.

Gonorrhea Prevalence Monitoring — Family Planning Clinics

Based on 2004 data from participating family planning clinics, the overall gonorrhea positivity among females seeking family planning services was 0.8 percent (Figure 23, Table 14). Gonorrhea positivity was higher among females younger than 20 years of age (1.1 percent) than among females 20 years of age and older (0.7 percent) (Figure 24, Table 17).

In family planning settings, the proportion of gonorrhea cases among females who were co-infected with chlamydia was 41.2 percent (Table 15). According to CDC, routine dual therapy without testing for chlamydia can be cost-effective for populations in which chlamydial infection accompanies 10 to 30 percent of gonococcal infection.⁵ The high level of co-infection in family planning settings clearly indicates the need to continue to co-treat cases of gonorrhea to cover chlamydial infection.

Gonorrhea Prevalence Monitoring — STD Clinics

Based on 2004 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 3.6 percent (Figures 23, 25, Table 14). Positivity was higher among females younger than 20 years of age (6.8 percent) than among females 20 years of age and older (3.0 percent) (Table 17). In 2004, the overall gonorrhea positivity among males attending STD clinics was 6.8 percent (Figures 23, 25, Table 17). Gonorrhea positivity for both females and males seeking care at STD clinics is high, relative to that for other health care settings, because these patients are more likely to have genitourinary symptoms and/or high-risk behaviors.

In STD clinic settings, the proportion of gonorrhea cases who were co-infected with chlamydia was 36.6 percent among female cases and 23.9 percent among male cases (Tables 15-16).

Gonorrhea Prevalence Monitoring — Juvenile Hall Facilities

In 2004, the gonorrhea positivity among females in juvenile hall facilities was 4.1 percent, whereas, among males in juvenile hall facilities, gonorrhea positivity was 0.8 percent (Figures 23, 26, Table 14).

In juvenile hall settings, the proportion of gonorrhea cases who were co-infected with chlamydia was 51.2 percent among female cases and 58.6 percent among male cases (Tables 15-16). This high level of co-infection reinforces the need to co-treat cases of gonorrhea for chlamydial infection in this setting.

⁵ Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6).

Gonorrhea Prevalence Monitoring — Managed Care

Based on KPNC data from 55 facilities, overall gonorrhea positivity among females was 0.4 percent (Figure 23, Table 14). Among females aged 15 to 19 years, the gonorrhea positivity was 0.8 percent (Figure 27, Table 17). Although the positivity among females under 15 years of age was high, this group is not regularly screened and may represent a more selectively tested or symptomatic population.

The overall gonorrhea positivity among males was 3.7 percent (Figure 27). Since there are no established screening guidelines for asymptomatic males in this setting, testing in males constituted only 12 percent of overall gonorrhea testing volume. This level of positivity is substantially higher than for females because it includes many symptomatic males specifically seeking testing and/or care for these symptoms.

Gonococcal Isolate Surveillance Project (GISP)

Gonococcal isolates from male urethral specimens are monitored in California for antimicrobial resistance as part of GISP. Of the 1,082 isolates analyzed in 2004, 20.3 percent (220) were resistant to ciprofloxacin (minimum inhibitory concentration (MIC) ≥ 1.0 $\mu\text{g/ml}$), and an additional 1.7 percent (18) had decreased susceptibility to ciprofloxacin (MIC 0.125 – 0.50 $\mu\text{g/ml}$) (Figure 29, Tables 18-19). Two specimens (0.2 percent) had decreased susceptibility to cefixime (MIC ≥ 0.5 $\mu\text{g/ml}$). No specimens exhibited decreased susceptibility or resistance to ceftriaxone (Table 18). Although isolates are also tested for resistance to penicillin and tetracycline, these data are not presented here, as these antibiotics are not clinically relevant.

Since 1998, the percent of ciprofloxacin resistance has increased from 0.2 percent to 22.5 percent (Figure 29, Table 19) among the four GISP sites (Long Beach, Orange, San Diego, and San Francisco) monitoring gonococcal resistance continuously since 1998, with the largest increases occurring since 2001. With the addition of Los Angeles as a GISP site in 2003, the calculated overall resistance in 2004 was 20.3 percent.

Due to this rise in the number of fluoroquinolone-resistant gonorrhea cases, fluoroquinolones are no longer first-line agents. In 2002, the recommended antibiotic treatment for gonorrhea in California was changed to include only cefixime and ceftriaxone.⁶

Isolates obtained from MSM constituted an increasing proportion of total isolates at each of the four continuously monitored sites from 1990 through 2003, but decreased in two of these sites and in Los Angeles between 2003 and 2004 (Figure 28).

⁶ Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (no. RR-6).

SYPHILIS IN CALIFORNIA

California continued to experience increases in primary and secondary (P&S) syphilis cases in 2004, with 1,358 cases reported (Table 1). This is the fifth consecutive year of increases in reported cases since a low of 284 P&S syphilis cases in 1999. These increases were due primarily to outbreaks among MSM in the southern region, Los Angeles, and San Francisco (Figure 32). These outbreaks are a particular concern because of the high percentage of HIV co-infection (Figure 33).

As part of California's syphilis control efforts, an enhanced case-based surveillance system was established in 1999, allowing for the systematic collection of behavioral and clinical measures associated with syphilis. For further information regarding the epidemiology of syphilis in California, please reference the syphilis reports on the STD Control Branch website at <http://www.dhs.ca.gov/ps/dcdc/STD/mqreports.htm>.

Case-Based Syphilis Surveillance — Overview

In California, reactive serologic tests for syphilis (STS) and positive darkfield microscopy results are reported to local health jurisdictions by medical providers and laboratories. Cases with symptoms of early syphilis are also reported to local health jurisdictions, through CMRs submitted by providers. Local and state field staff investigate all women of childbearing age with a reactive STS and all males and females likely to have infectious syphilis, based on STS titer, age, and past history. Epidemiologic and case management information is then collected on standardized forms after cases are interviewed. Additional information on data sources can be found at the beginning of this report. Syphilis cases are staged in accordance with CDC standard case definitions.⁷

P&S and early latent stages of syphilis are considered infectious, with primary syphilis infections (and secondary, to a lesser degree) having the highest likelihood of transmission. Because of this higher likelihood of transmission, greater epidemiologic relevance, and the potential for misclassification of early latent syphilis (unrecognized primary lesions or secondary symptoms), this report focuses primarily on P&S syphilis.

Case-Based Syphilis Surveillance — California versus United States

In 2004, 1,358 cases of P&S syphilis were reported in California (3.7 per 100,000 population) (Table 1). In the United States, 7,980 cases of P&S syphilis were reported (2.7 per 100,000 population) (Figure 35). The P&S syphilis rate in California was higher than the national average for the third consecutive year. California accounted for 17.0 percent of all U.S. cases in 2004, a decrease from 17.9 percent in 2003, but still higher than the 15.2 percent in 2002, 8.9 percent in 2001, and 5.5 percent in 2000. In 2000, the *Healthy People 2010* objective revised the P&S syphilis incidence rate to fewer than 0.2 cases per 100,000;⁸ the California rate was greater than 18 times that objective in 2004.

⁷ Centers for Disease Control and Prevention, Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No. RR-10).

⁸ U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

Case-Based Syphilis Surveillance — Geographic Distribution

The distribution of P&S syphilis varies throughout California (Figure 36). In 2004, 22 of the 61 (36 percent) health jurisdictions reported more than two P&S syphilis cases (Table 20). Forty-nine percent of health jurisdictions reported no P&S syphilis in 2004. More than three-fourths of the total P&S syphilis morbidity for the state was reported from four health jurisdictions: Los Angeles (34.2 percent), San Francisco (25.7 percent), San Diego (10.1 percent), and Riverside (6.0 percent).

Case-Based Syphilis Surveillance — Gender

Although male P&S syphilis rates decreased throughout most of the past decade, they have increased from a low of 1.2 per 100,000 population in 1999 to 7.1 in 2004, the highest rate since 1991 (Figure 37, Table 21). This is the fifth consecutive year of increases among males. Female rates declined from 11.7 in 1990 to a low of 0.2 in 2002, but increased to 0.4 in 2004. This is the second consecutive year of increases among females. The P&S male-to-female rate ratio had more than doubled in consecutive years, from 5.3:1 in 2000, to 14.5:1 in 2001, and to 28.5:1 in 2002; but decreased to 23:1 in 2003 and 17.8:1 in 2004.

Case-Based Syphilis Surveillance — Age

In 2004, the highest P&S syphilis rates among males were among those in the 35- to 44-year-old age group (Figures 2, 38-39, Table 21). More than 60 percent of male P&S syphilis cases were 35 years of age or older, compared to only about one-third of female cases.

Case-Based Syphilis Surveillance — Race/Ethnicity

Overall, P&S syphilis rates among African American/Blacks in 2004 (Figures 3, 40-41, Table 21) were slightly higher than those among non-Latino whites. Rates for Latino and non-Latino white males remained constant from 2003 to 2004, while African American/Black male rates increased (Figure 40). Rates for African American/Black males were the highest since 1995 (Figure 40). African American/Black female rates also increased in 2004 from 2003 and were the highest since 1999 (Figure 41).

Case-Based Syphilis Surveillance — Venues

As part of the enhanced surveillance system implemented in 1999, data on venues where cases report meeting sex partners are collected. Four venues commonly reported by MSM P&S syphilis cases were bars/clubs, the Internet, bathhouses, and sex clubs. In California, bathhouses were distinguished from sex clubs by the presence of private rooms with doors. In 2004, 38.7 percent of California's interviewed MSM P&S cases reported using the Internet to meet sex partners (Figure 34), the most commonly reported venue since 2003. Additional venue data is available in the syphilis quarterly reports at <http://www.dhs.ca.gov/ps/dcdc/STD/mqreports.htm>, as well as in the syphilis weekly updates (please obtain the website and log-in password through your local STD Controller).

Congenital Syphilis Surveillance

Trends in congenital syphilis morbidity follow those of adult female P&S syphilis (Figure 44). As P&S syphilis rates declined in the state during the early 1990s, congenital syphilis rates similarly declined. The rate of congenital syphilis in California was 113.5 per 100,000 live births in 1990 and declined dramatically to 9.3 in 2002, but increased slightly to 12.8 in 2003 and 11.7 in 2004 (Figure 44, Table 1). In 2000, the *Healthy People 2010* objective revised the congenital syphilis incidence rate to fewer than one case per 100,000 live births;⁹ California's incidence rate was nearly 12 times that objective in 2004.

Racial/ethnic trends in congenital syphilis mirror those of adult P&S syphilis. Infants of African American/Black and Latina females are disproportionately affected by congenital syphilis, with the rate in African American/Blacks (38.4 per 100,000 live births) ten times that of non-Latina whites (3.8). The rate in Latinas (15.6) was greater than four times that of non-Latina whites (Figures 45-46, Table 26).

⁹ U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

Case-Based Surveillance for Other STDs

State surveillance for PID, NGU, and chancroid in California consists of case-based surveillance. See the Data Sources section for a description of the data collection system.

Case-Based Pelvic Inflammatory Disease Surveillance

In 2004, 1,207 cases of PID were reported, for an incidence of 6.6 per 100,000 females (Table 27). Gonorrhea, chlamydia, and numerous anaerobic bacterial species can cause PID. The diagnosis often is based on clinical findings; these findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is likely to substantially underestimate the actual incidence of PID.

Case-Based Non-Gonococcal Urethritis Surveillance

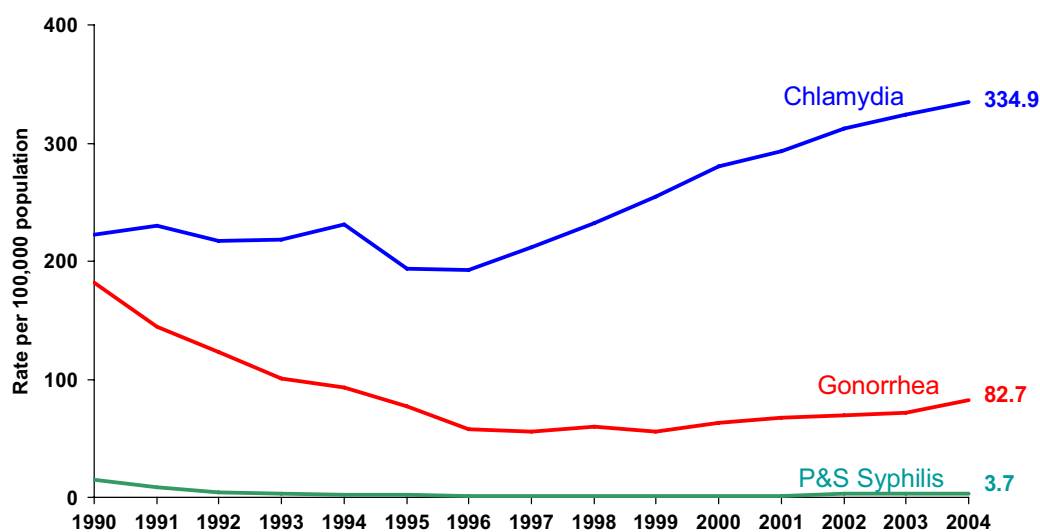
In 2004, 3,862 cases of NGU were reported, for an incidence of 21.3 per 100,000 males (Table 28). NGU can be caused by chlamydia and other sexually transmitted bacteria and protozoa. The diagnosis of NGU is generally based on clinical findings, along with point-of-care confirmation of urethral inflammation (e.g., urine leukocyte esterase and/or microscopy). These findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is unreliable and likely underestimates the true incidence of disease.

Case-Based Chancroid Surveillance

In California, chancroid is a rare cause of genital ulcer disease, with few cases of chancroid reported over the past five years. In 2004, one case of chancroid was reported (Table 29).

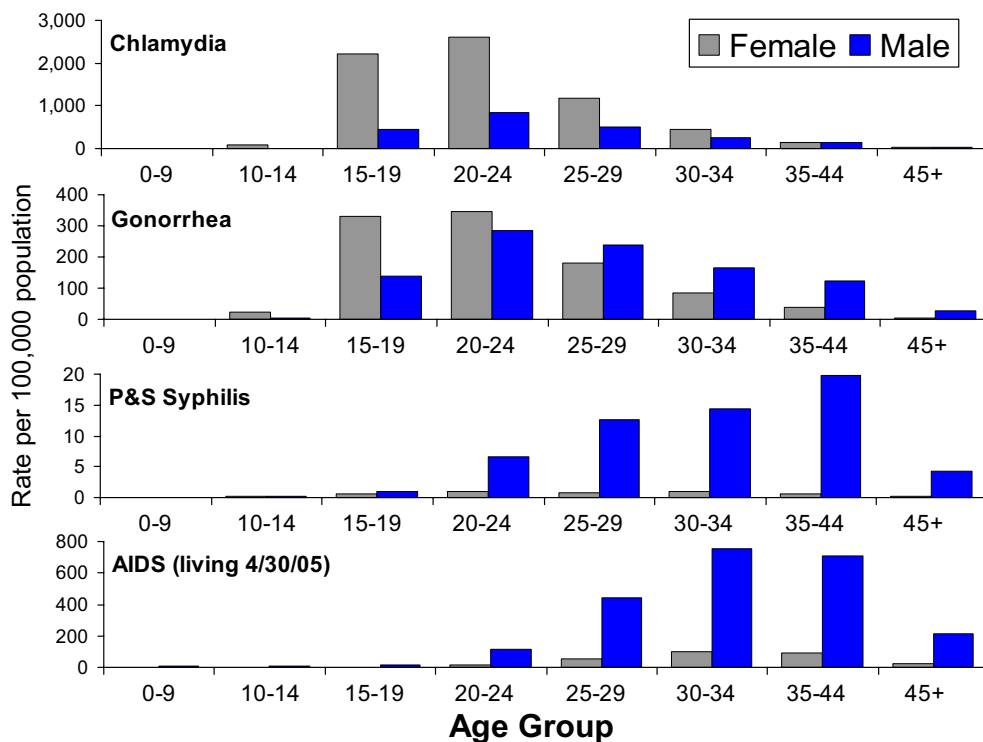
FIGURES

Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Rates, 1990–2004



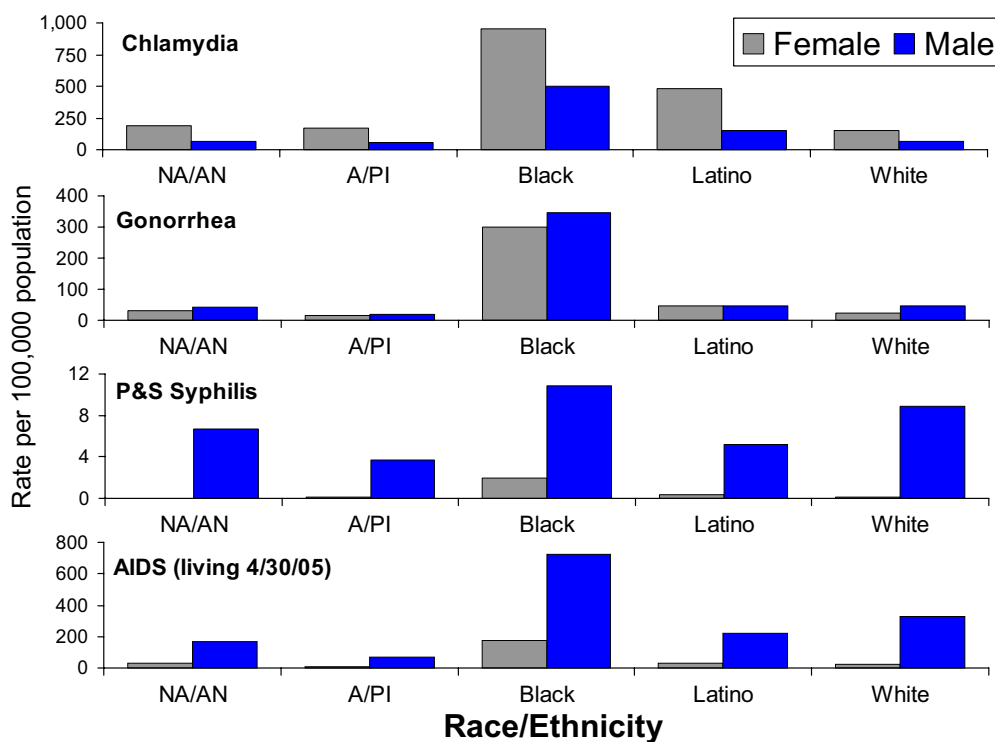
Source: California Department of Health Services, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS by Age Group and Gender, California, 2004



Source: California Department of Health Services, STD Control Branch
California Department of Health Services, Office of AIDS

Figure 3. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS by Race/Ethnicity and Gender, California, 2004

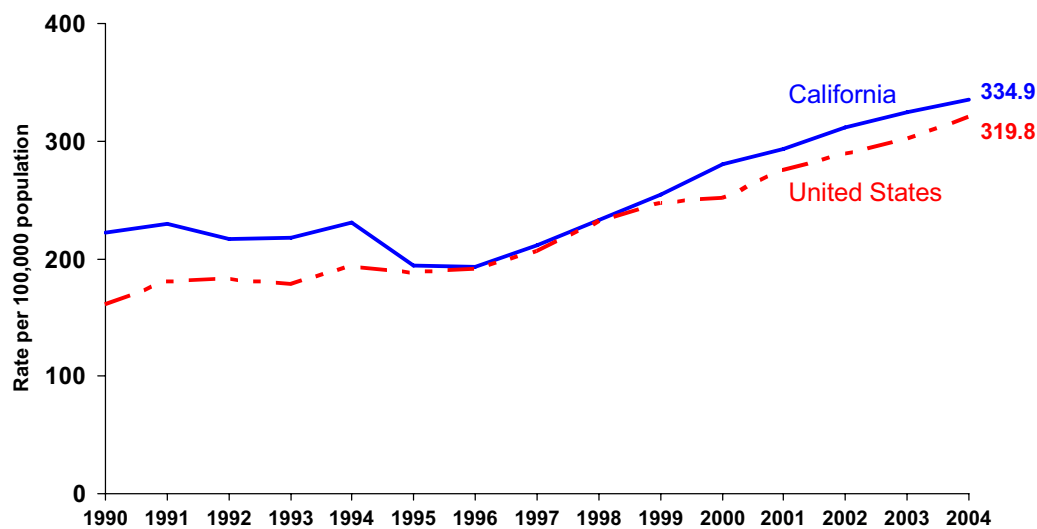


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Health Services, STD Control Branch
California Department of Health Services, Office of AIDS

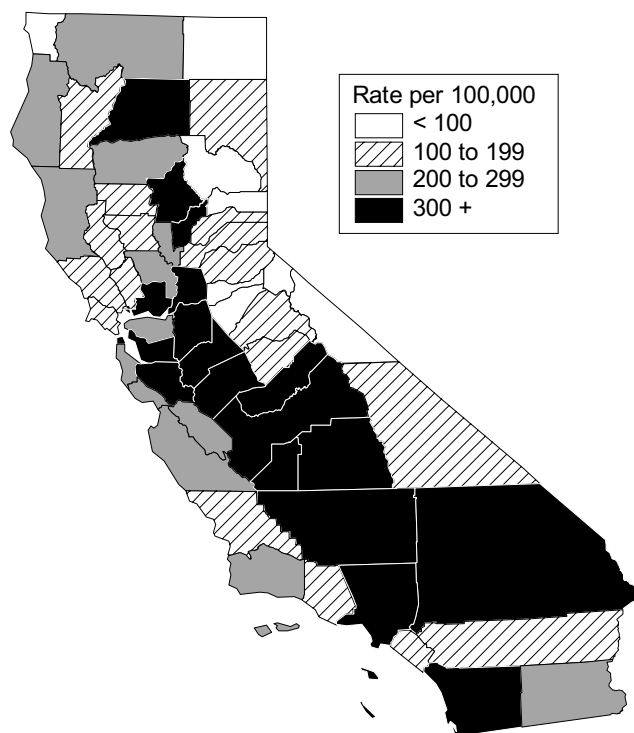
CHLAMYDIA

Figure 4. Chlamydia, California versus United States Rates, 1990–2004



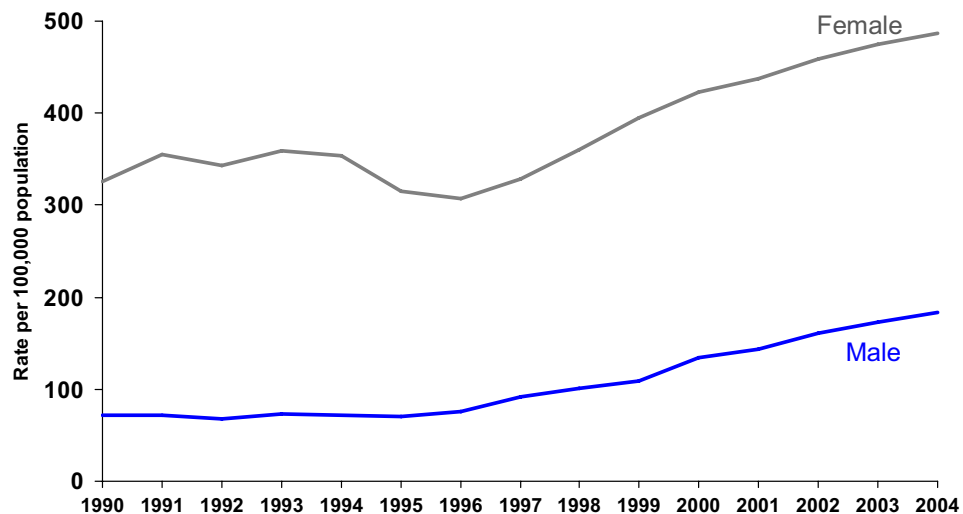
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 1

Figure 5. Chlamydia, Rates by County, California, 2004



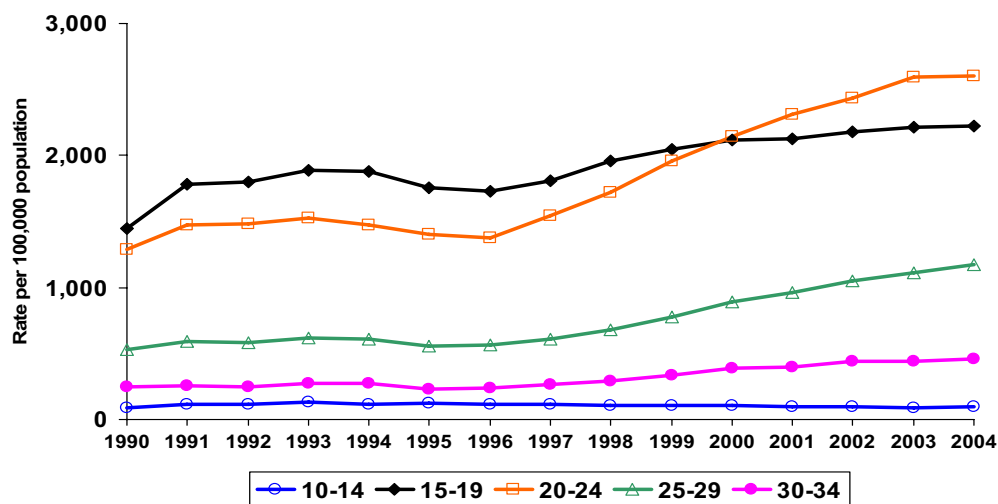
Source: California Department of Health Services, STD Control Branch

Figure 6. Chlamydia, Rates by Gender, California, 1990–2004



Source: California Department of Health Services, STD Control Branch

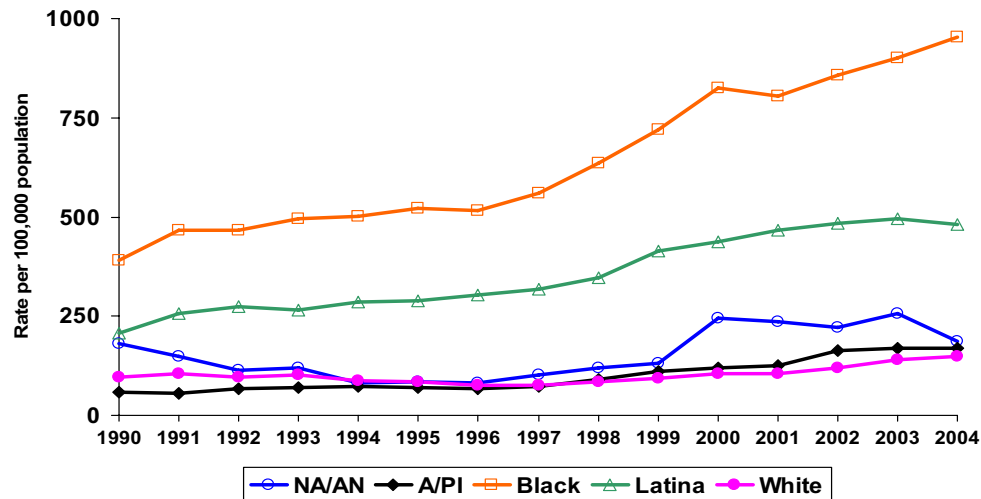
Figure 7. Chlamydia, Rates for Females by Age Group, California, 1990–2004



Note: Age "Not Specified" ranged from 0.6% to 8.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2004

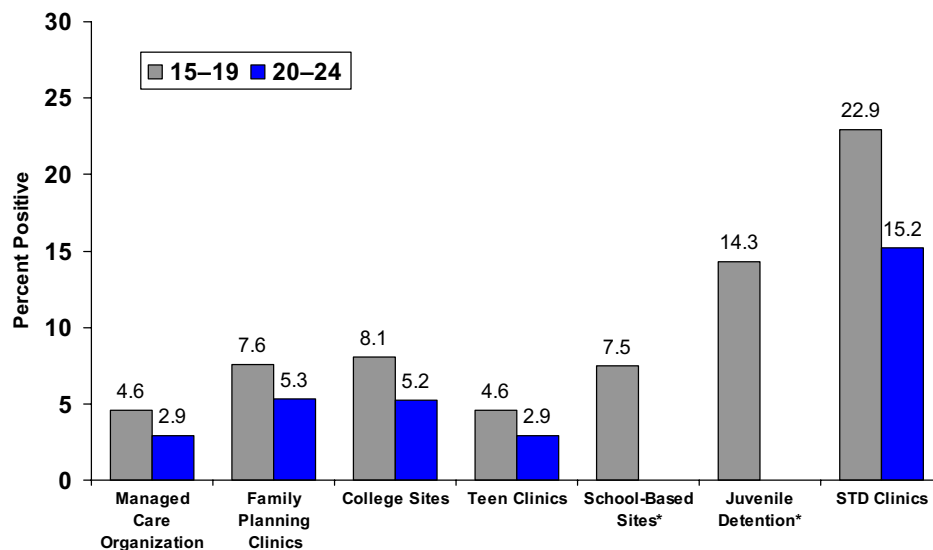


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Race/ethnicity "Not Specified" ranged from 34.1% to 56.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

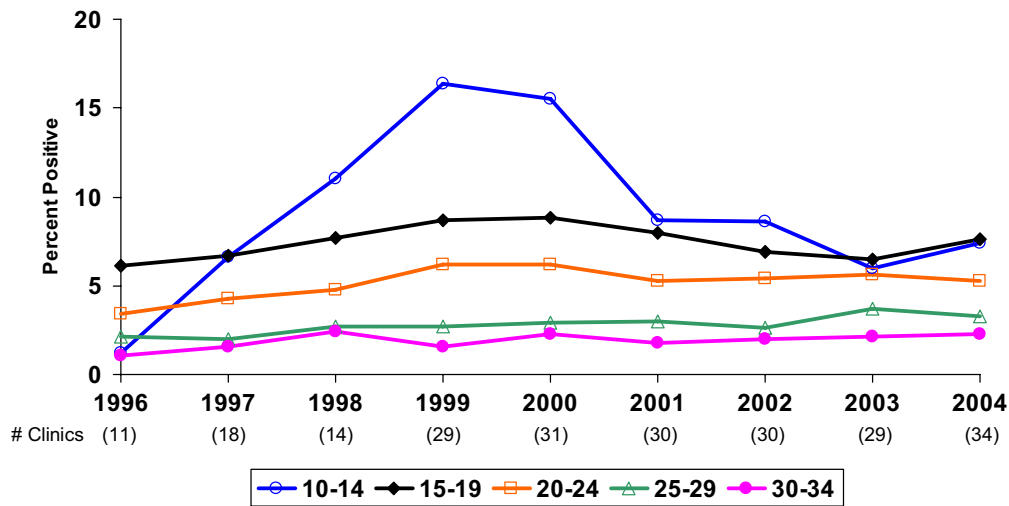
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2004



* These two venues target adolescents primarily.

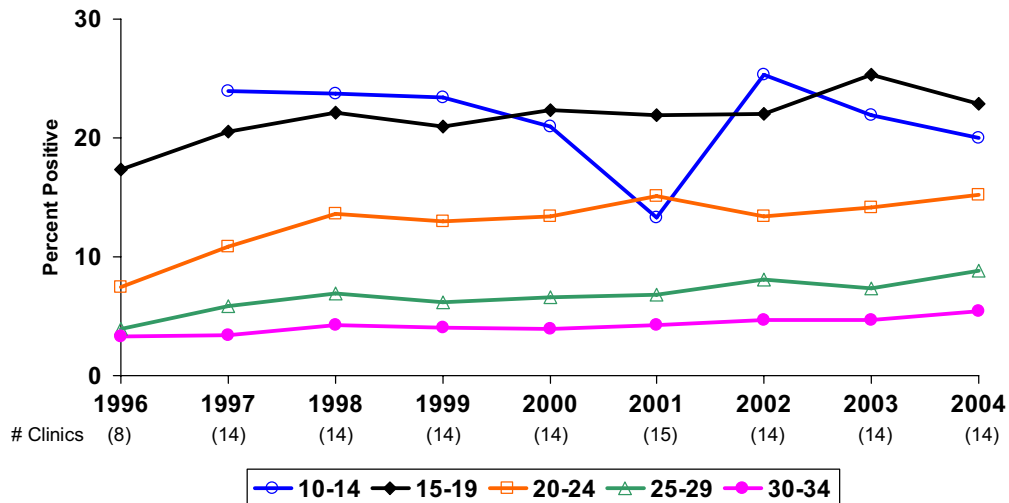
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2004



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

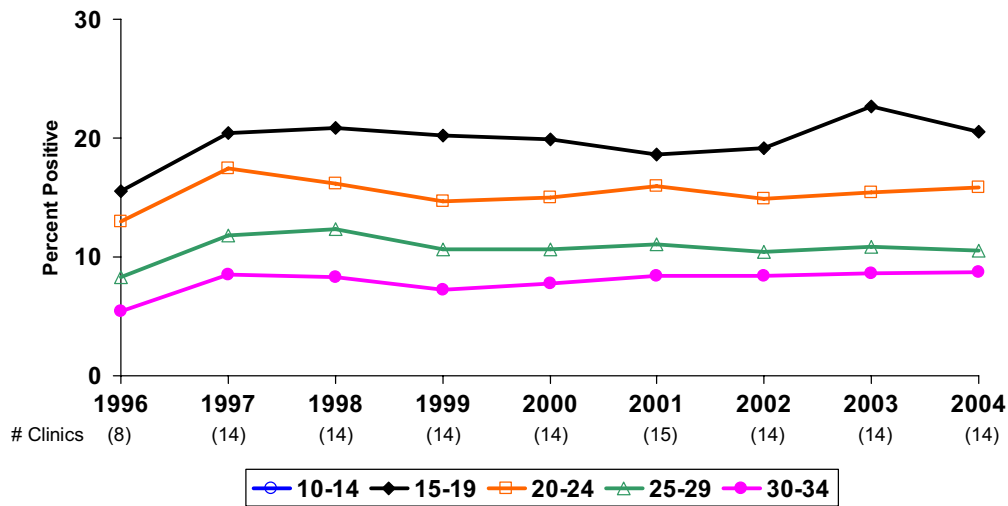
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics by Age Group, 1996–2004



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

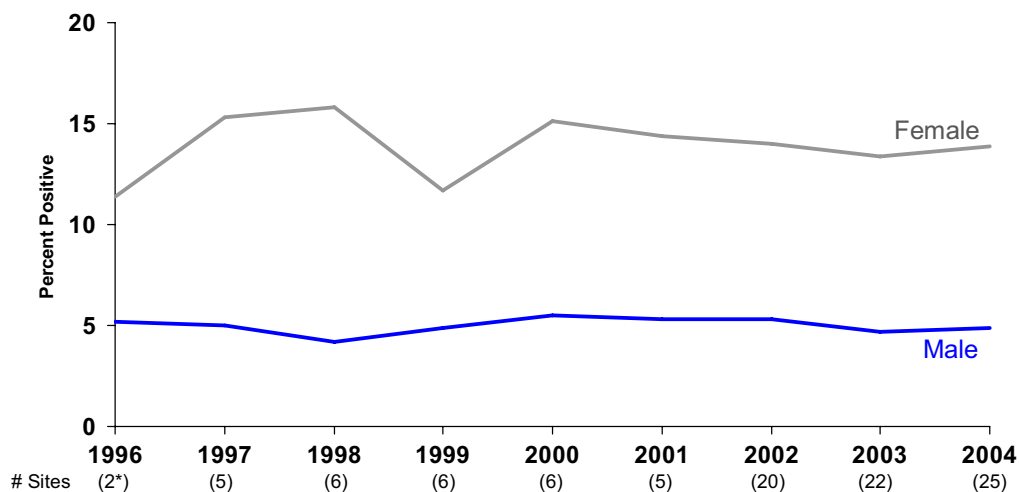
Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males at STD Clinics by Age Group, 1996–2004



Note: Age groups not graphed if fewer than 50 tests.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

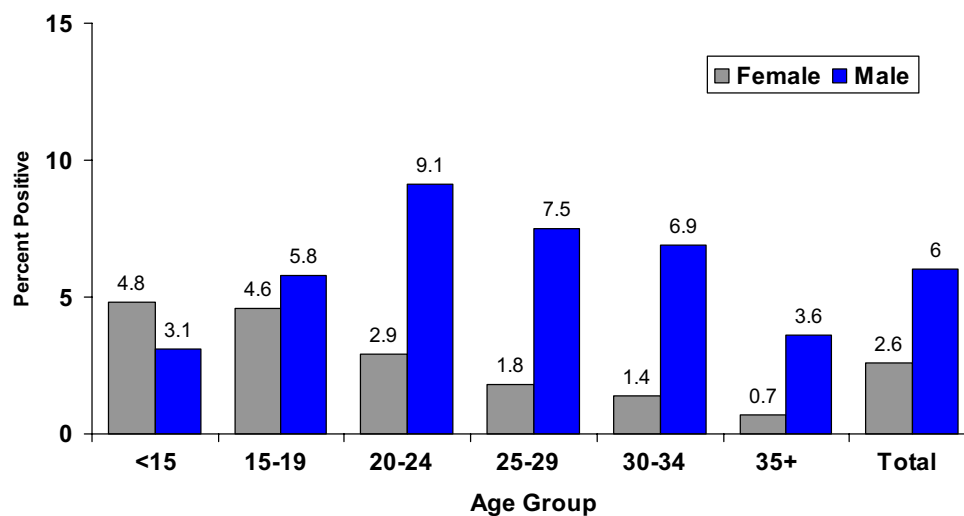
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2004



* 2 sites for males, 1996–1997; 4 sites for males, 1998; 5 sites for males, 1999–2000; 4 sites for males, 2001; 20 sites for males, 2002; 22 sites for males, 2003; 25 sites for males, 2004

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

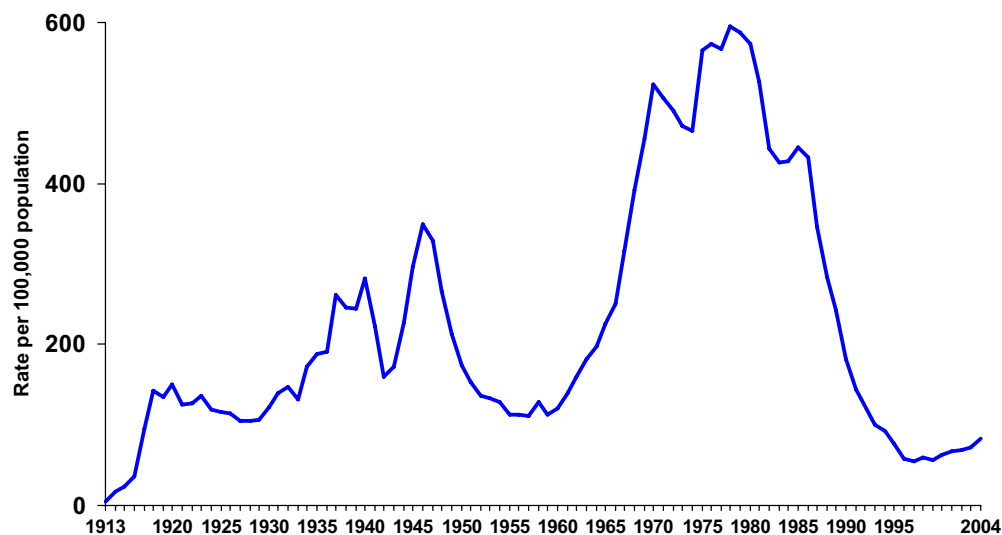
Figure 14. Chlamydia Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004



Source: California Department of Health Services, STD Control Branch

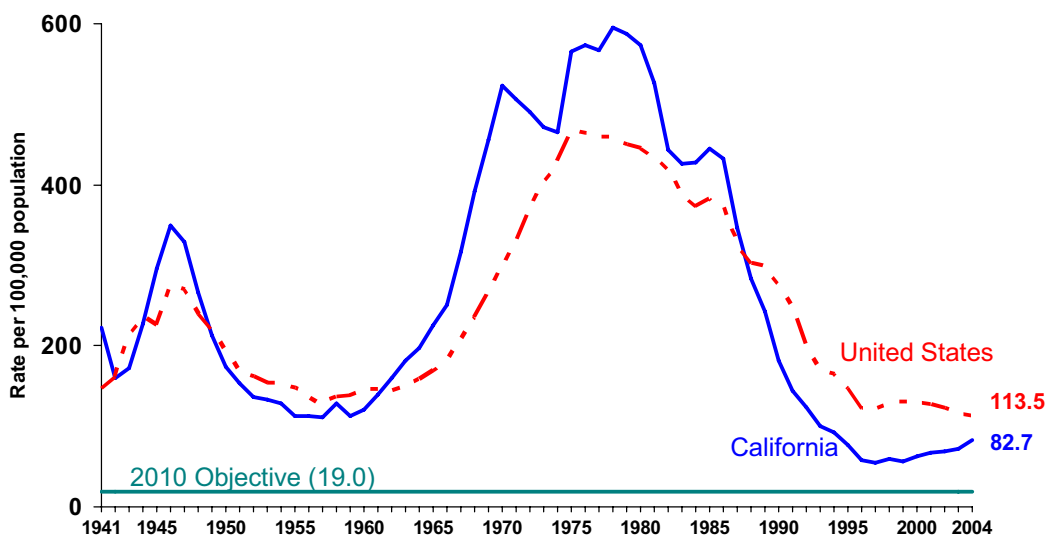
GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2004



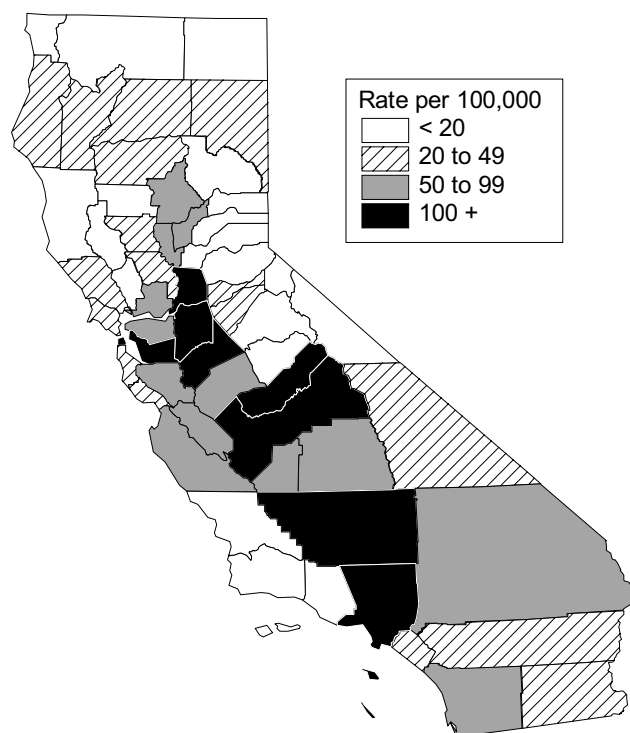
Source: California Department of Health Services, STD Control Branch

Figure 16. Gonorrhea, California versus United States Rates, 1941–2004



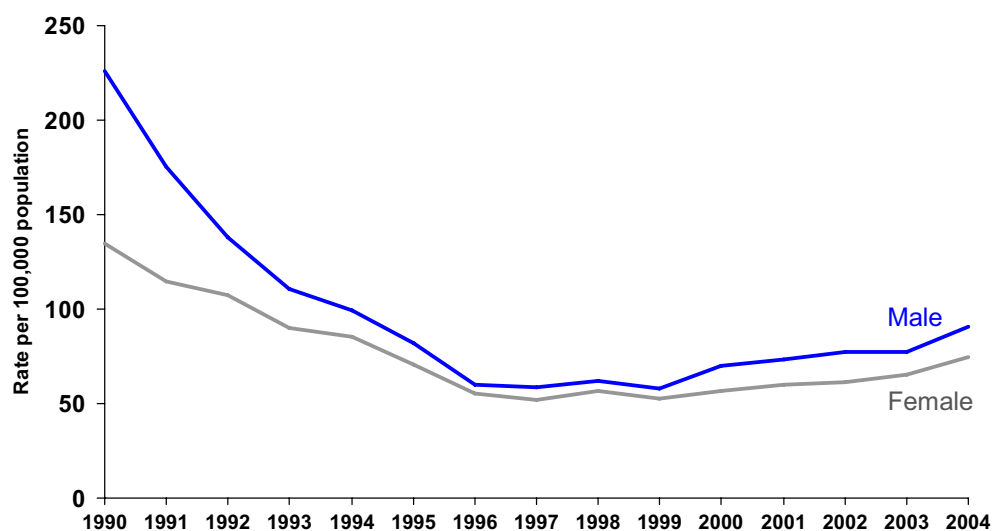
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2004



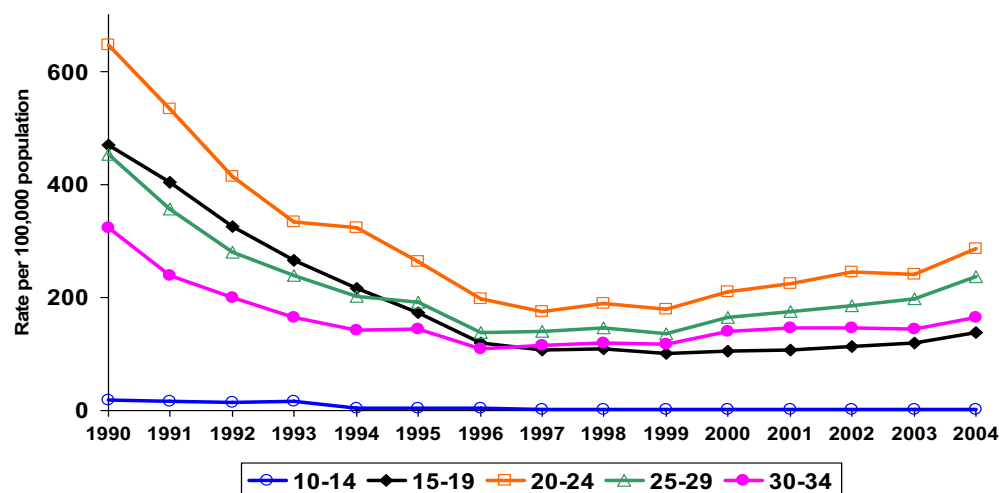
Source: California Department of Health Services, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2004



Source: California Department of Health Services, STD Control Branch

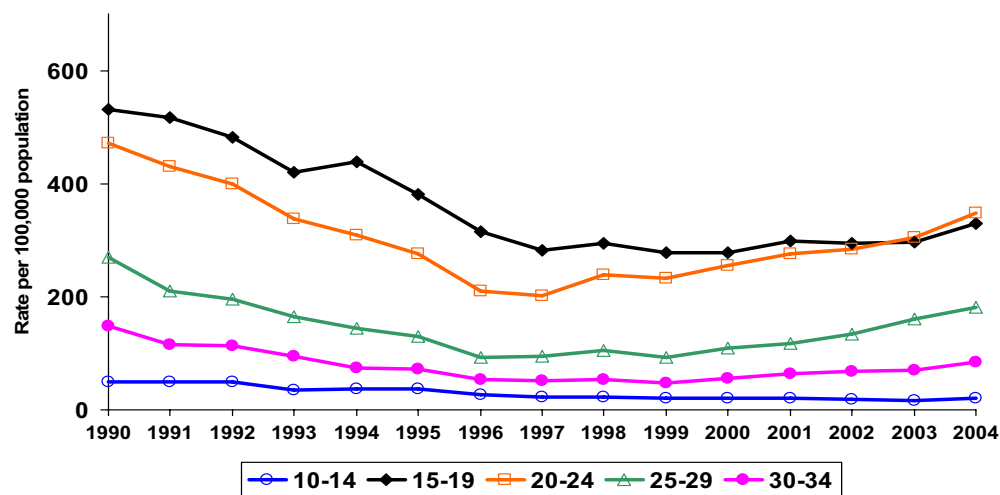
Figure 19. Gonorrhea, Rates for Males by Age Group, California, 1990–2004



Note: Age "Not Specified" ranged from 0.8% to 7.5% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

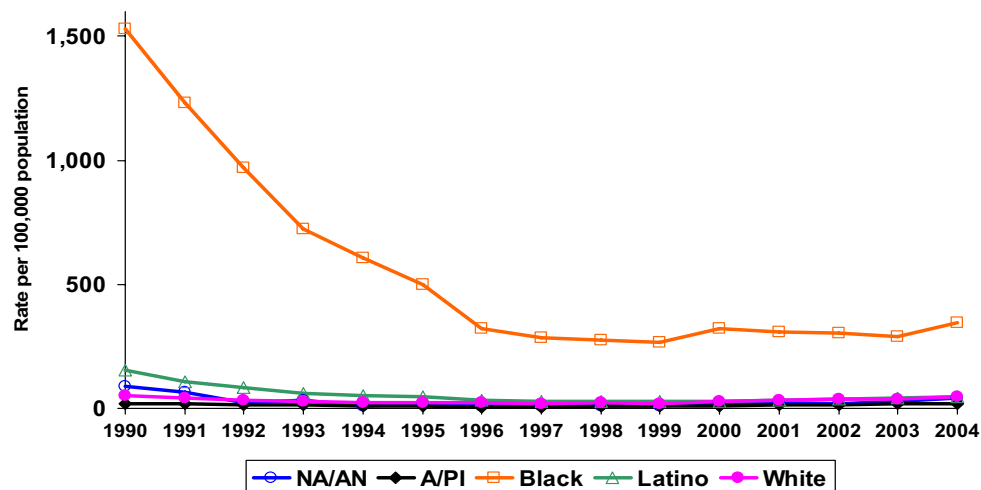
Figure 20. Gonorrhea, Rates for Females by Age Group, California, 1990–2004



Note: Age "Not Specified" ranged from 0.5% to 9.0% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2004

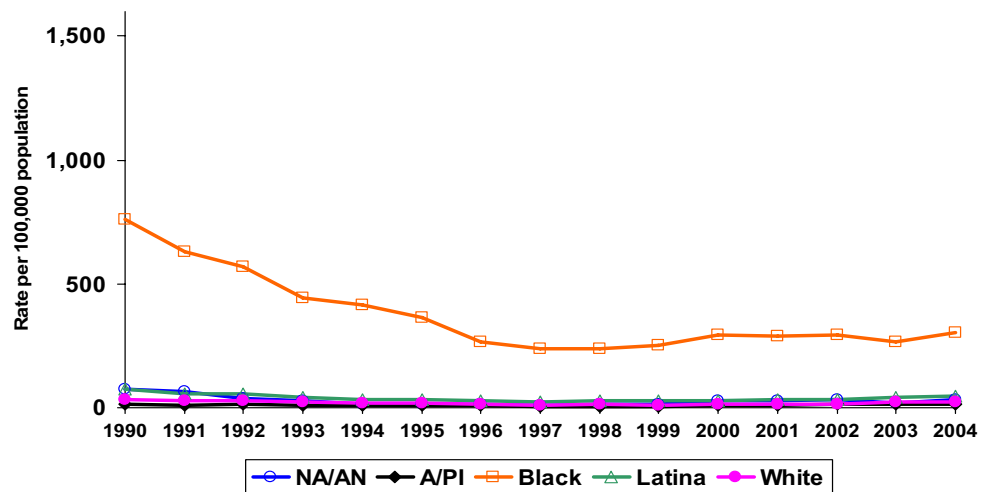


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Race/ethnicity "Not Specified" ranged from 21.1% to 36.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2004

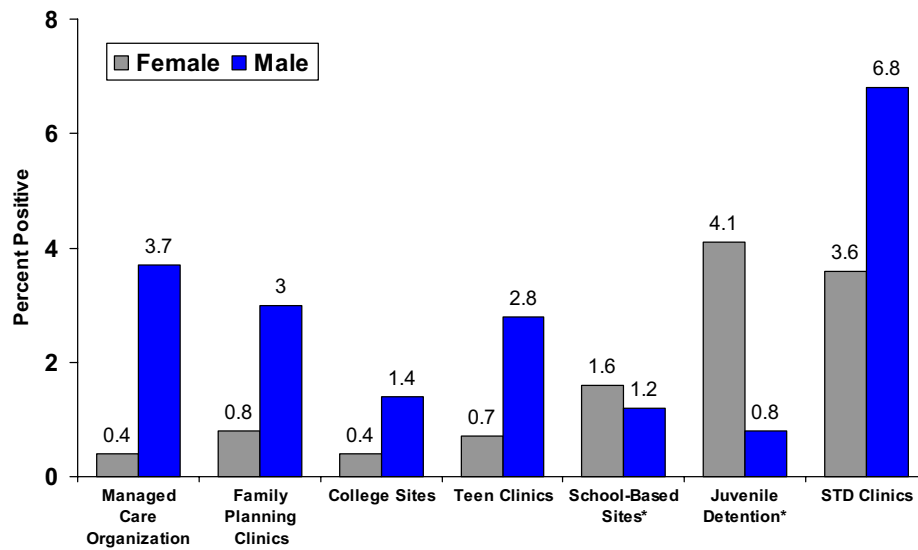


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Race/ethnicity "Not Specified" ranged from 29.6% to 42.9% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

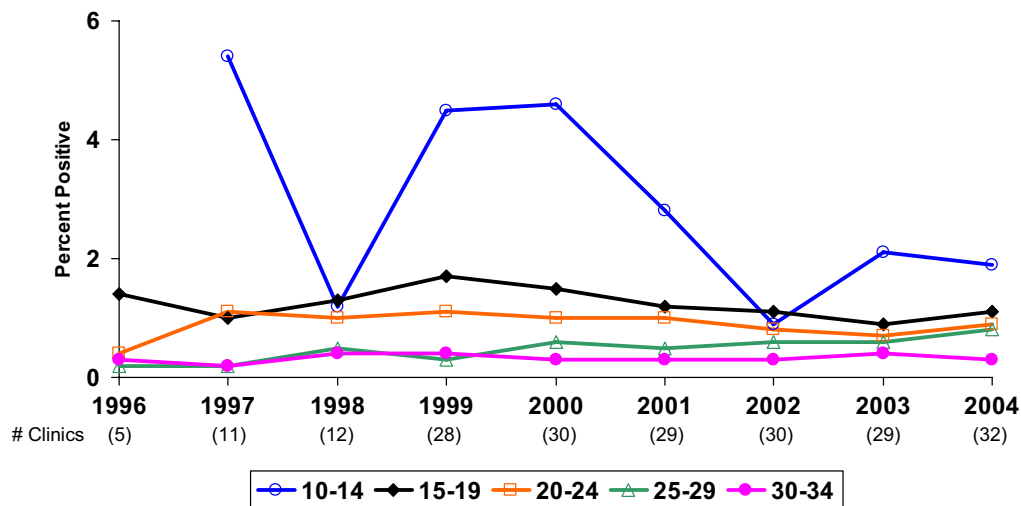
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive by Gender and Health Care Setting, California, 2004



* These two venues target adolescents primarily.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

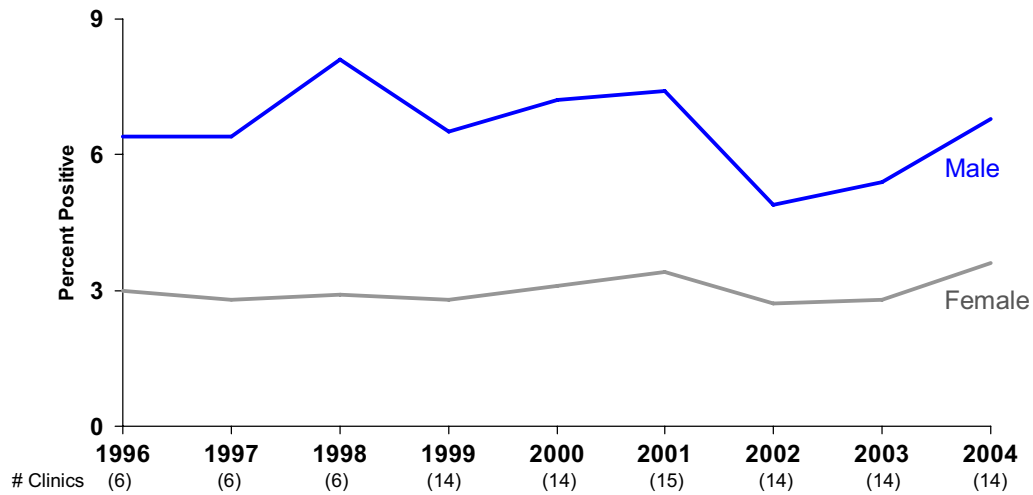
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics by Age Group, 1996–2004



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

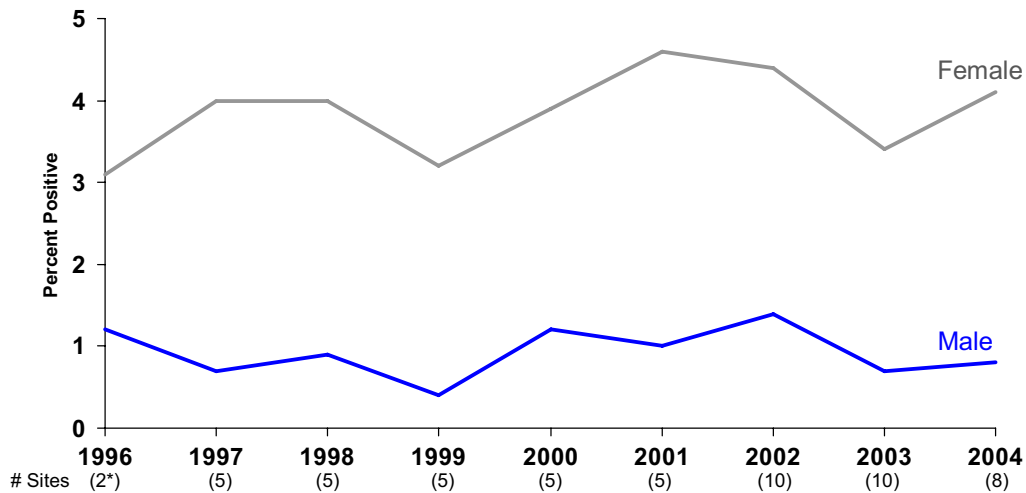
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 25. Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics by Gender, 1996–2004



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

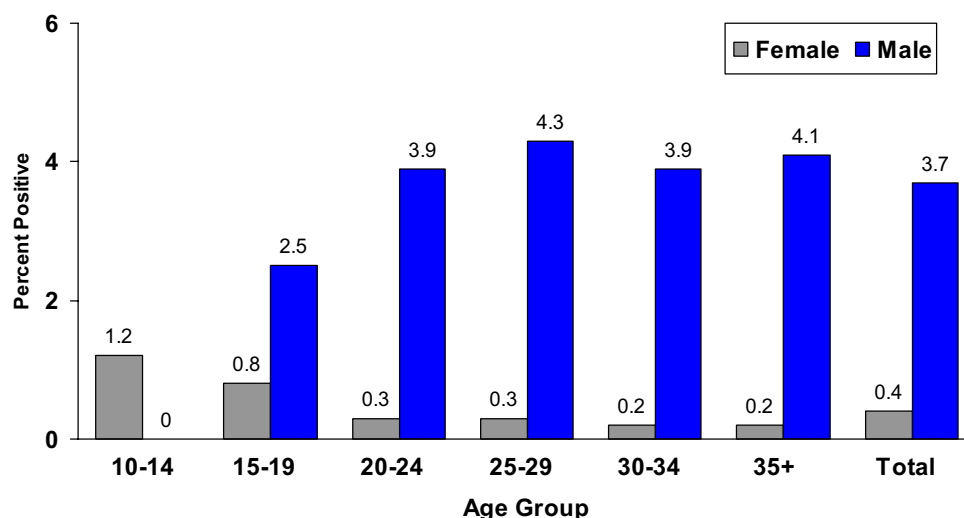
Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities by Gender, 1996–2004



* 2 sites for males, 1996–1998; 4 sites for males, 1999–2001; 10 sites for males, 2002–2003; 8 sites for males, 2004

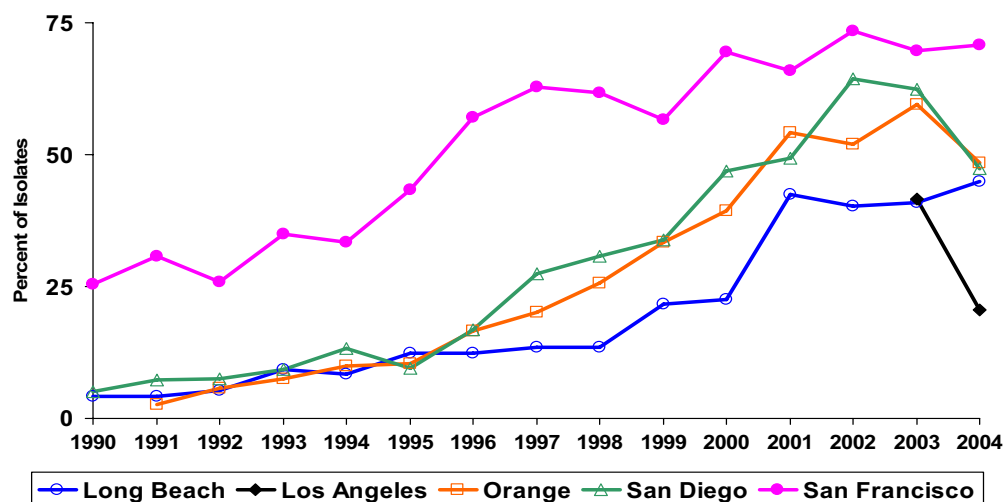
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004



Source: California Department of Health Services, STD Control Branch

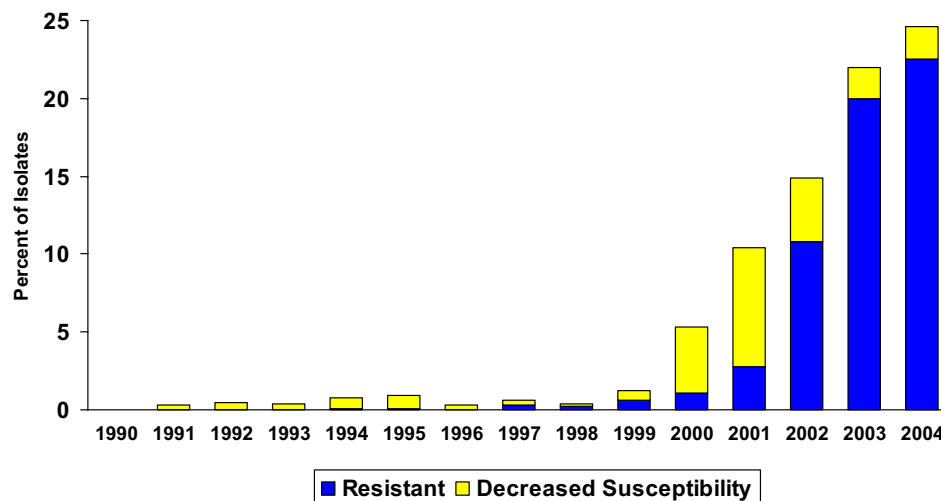
Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates Obtained from Men who Have Sex with Men in Five California STD Clinics, 1990–2004



Note: This project began in 1991 for the Orange County STD Clinic, and in 2003 for the Los Angeles County STD Clinic.

Source: California Department of Health Services, STD Control Branch

Figure 29. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Four California STD Clinics, 1990–2004

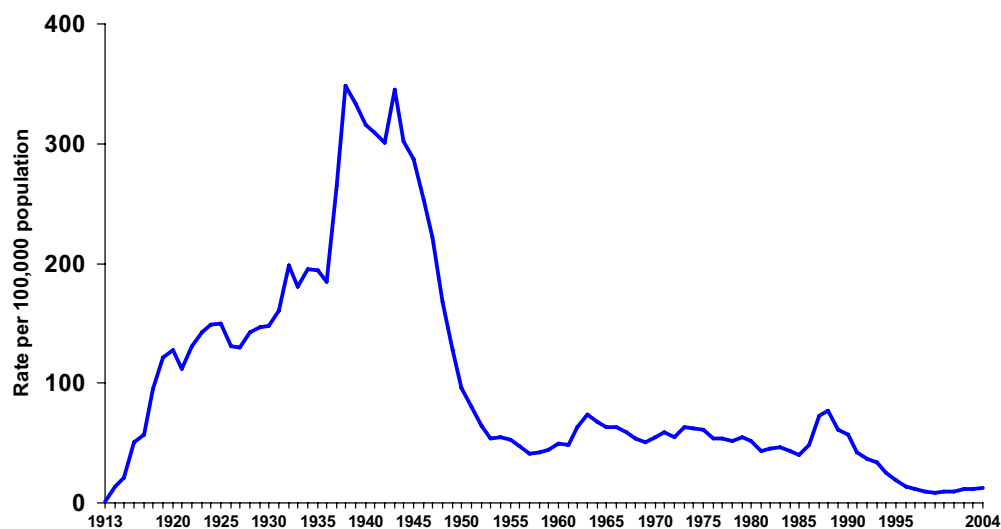


Note: Resistant isolates have minimum inhibitory concentrations (MICs) ≥ 1 μ g ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of 0.125 – 0.5 μ g ciprofloxacin/mL. (Excludes Los Angeles County STD Clinic.)

Source: California Department of Health Services, STD Control Branch

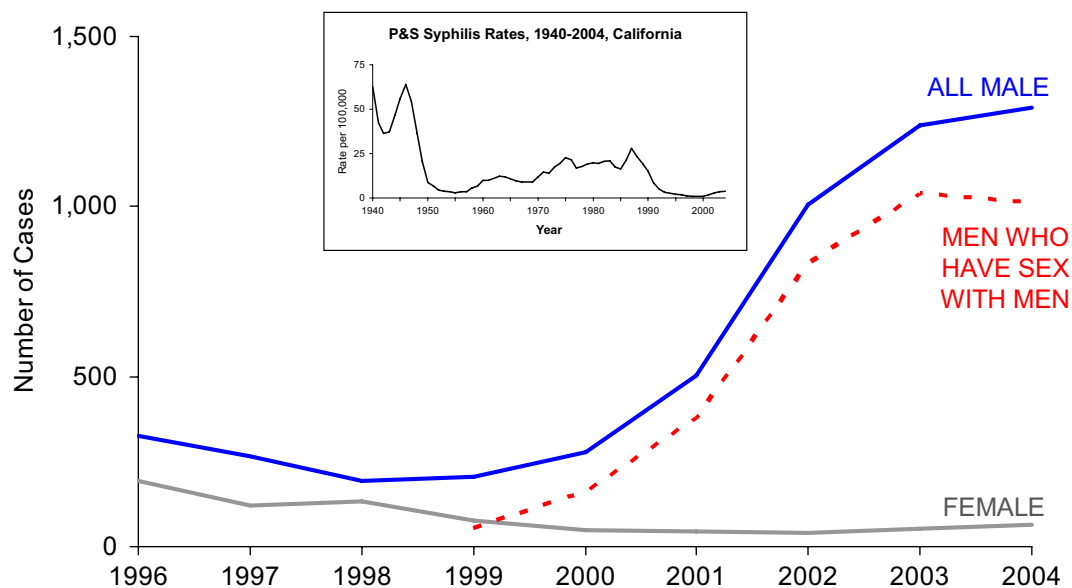
SYPHILIS

Figure 30. Total Syphilis (all stages), California Rates, 1913–2004



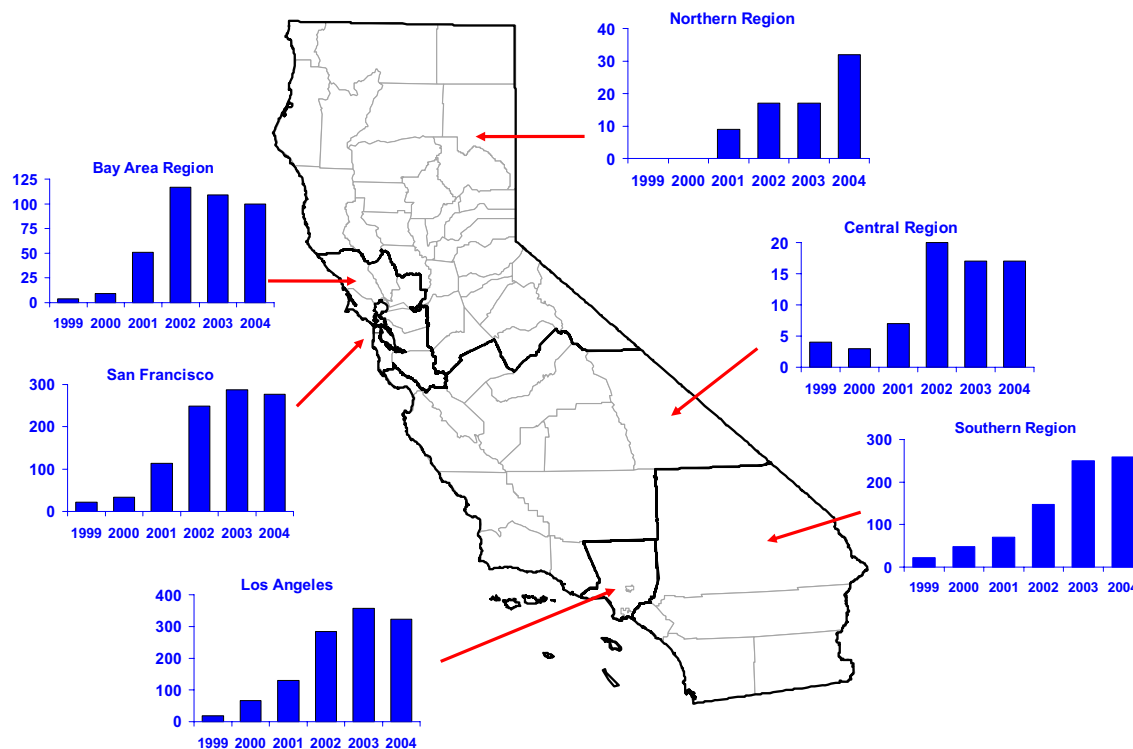
Source: California Department of Health Services, STD Control Branch

Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2004



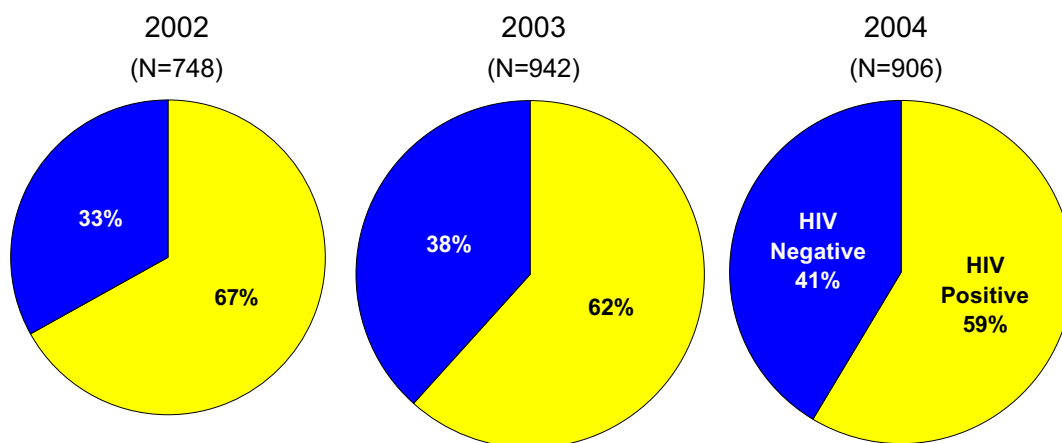
Source: California Department of Health Services, STD Control Branch

Figure 32. Number of Men who Have Sex with Men Primary and Secondary Syphilis Cases by Region and Year



Source: California Department of Health Services, STD Control Branch

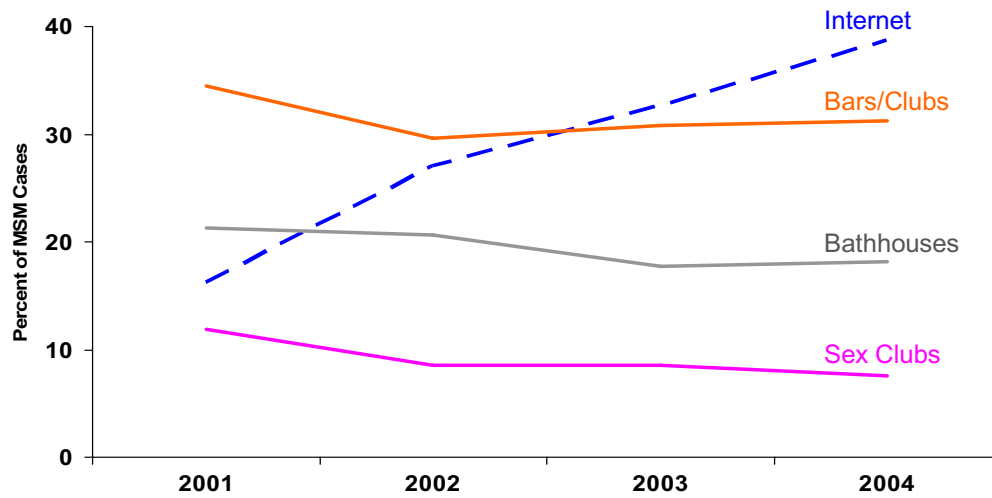
Figure 33. HIV Status Among Men who Have Sex with Men Primary and Secondary Syphilis Cases, California, 2002–2004



Note: N does not include HIV status unknown or refused: 86 cases in 2002, 94 in 2003, and 102 in 2004.

Source: California Department of Health Services, STD Control Branch

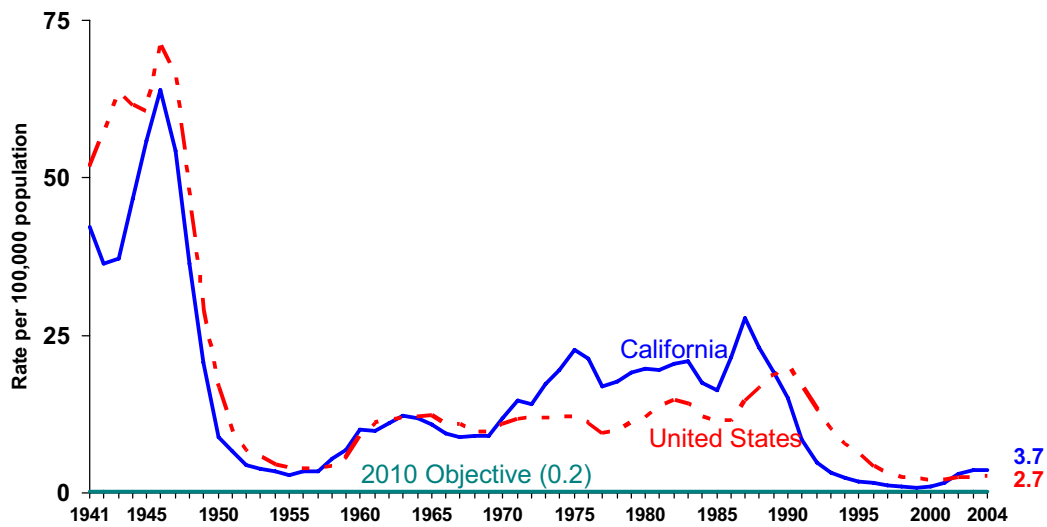
Figure 34. Percent of Interviewed Men who Have Sex with Men (MSM) Primary and Secondary Syphilis Cases Reporting Meeting Partners by Venue, California, 2001–2004



Note: The difference between bathhouses and sex clubs is the presence of private rooms; sex clubs do not have private rooms.

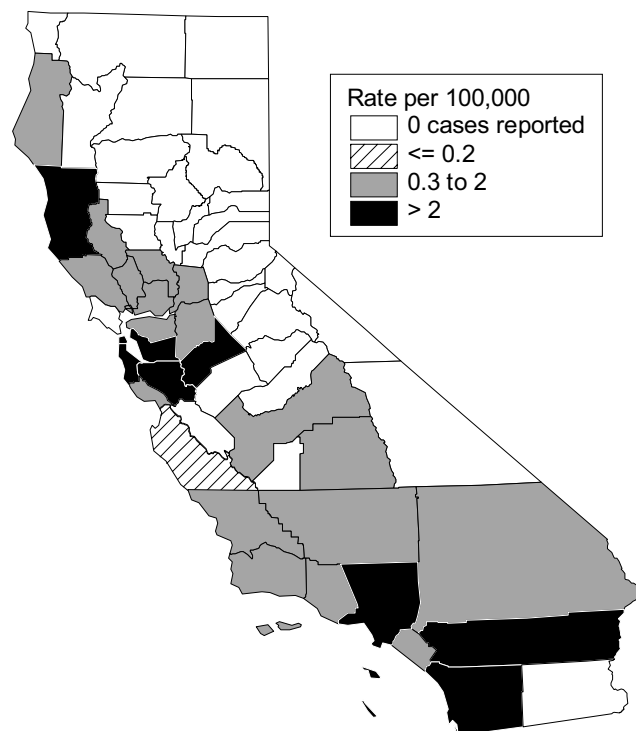
Source: California Department of Health Services, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Rates, 1941–2004



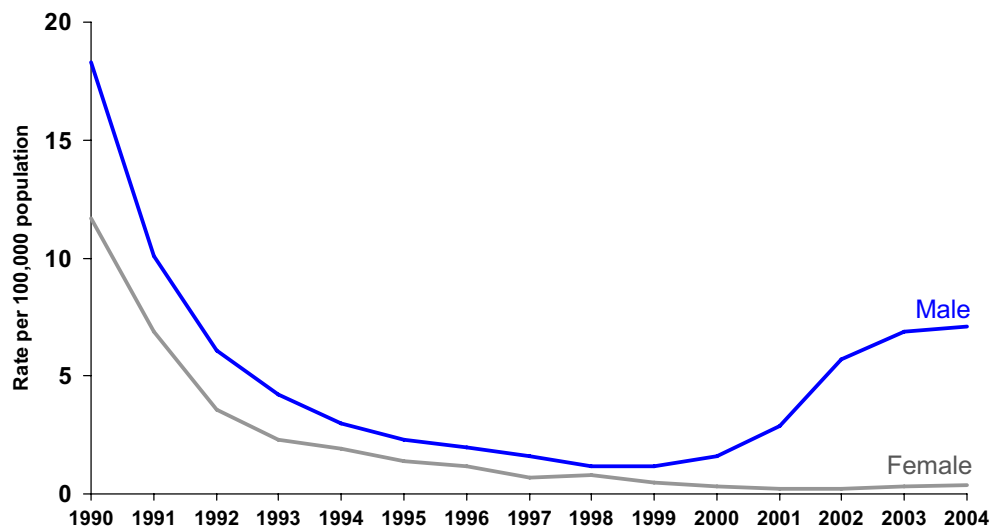
Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 1

Figure 36. Primary and Secondary Syphilis, Rates by County, California, 2004



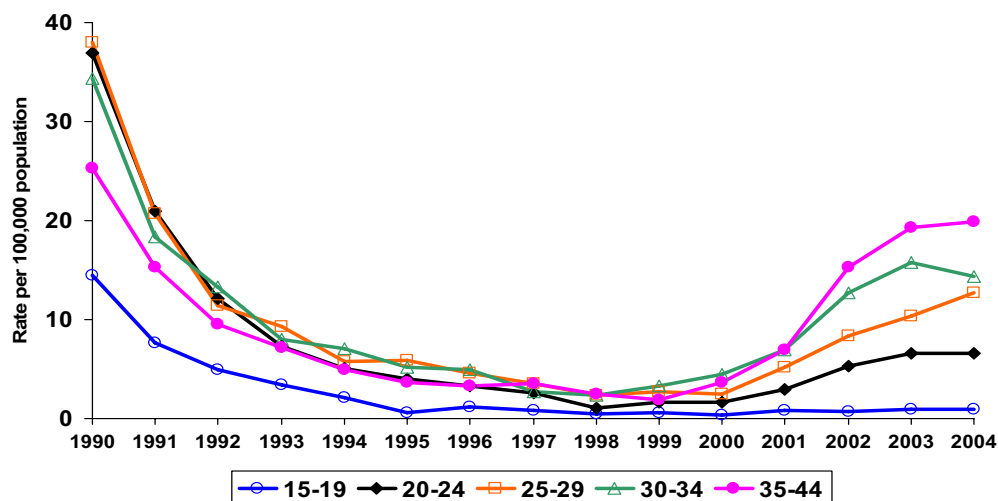
Source: California Department of Health Services, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Rates by Gender, California, 1990–2004



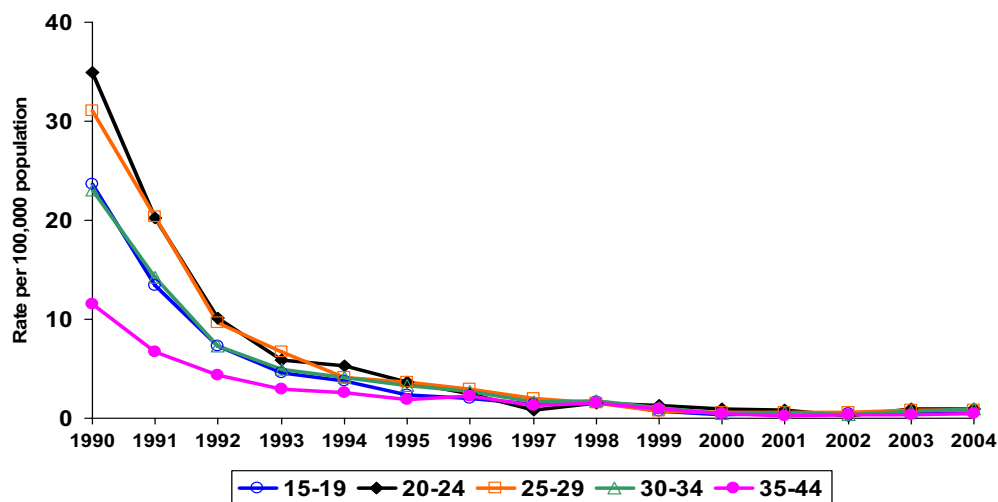
Source: California Department of Health Services, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Rates for Males by Age Group, California, 1990–2004



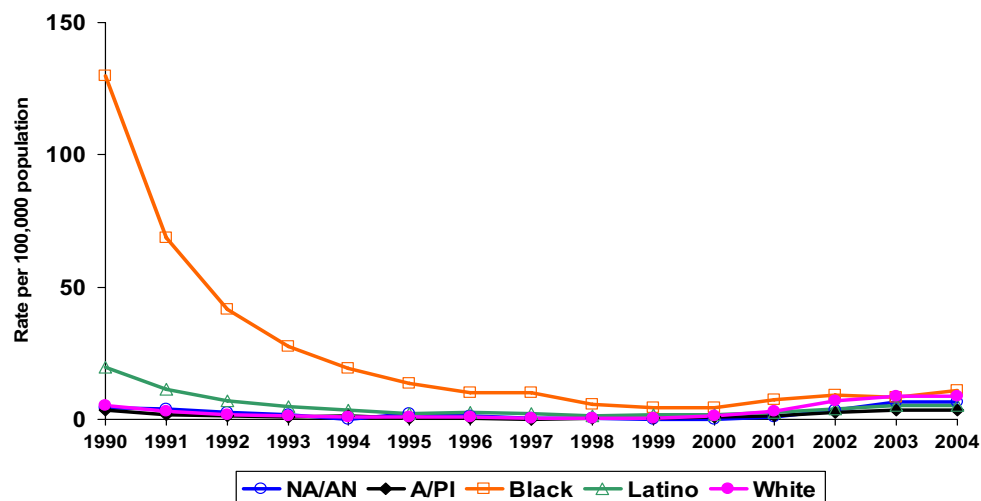
Source: California Department of Health Services, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Rates for Females by Age Group, California, 1990–2004



Source: California Department of Health Services, STD Control Branch

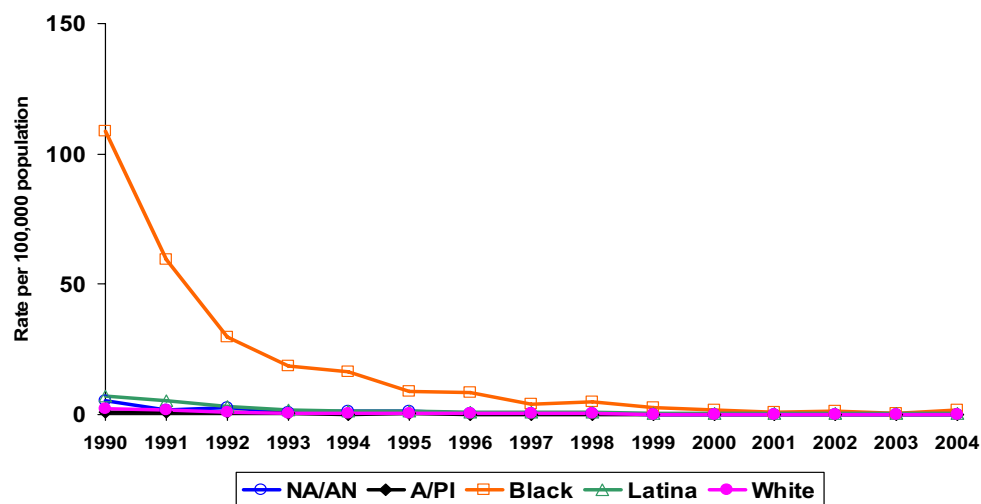
Figure 40. Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2004



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
Race/ethnicity "Not Specified" ranged from 1.1% to 7.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

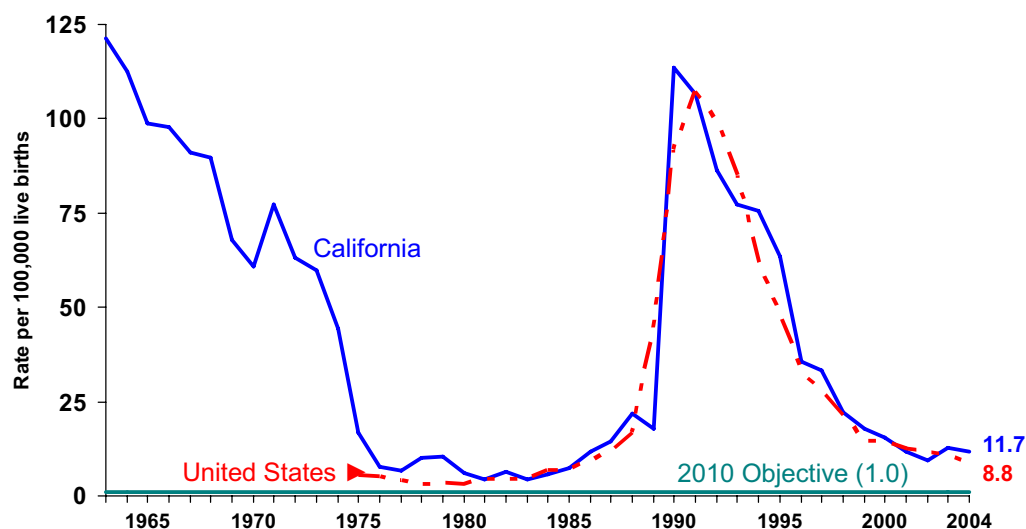
Figure 41. Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2004



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
Race/ethnicity "Not Specified" ranged from 0% to 6.4% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

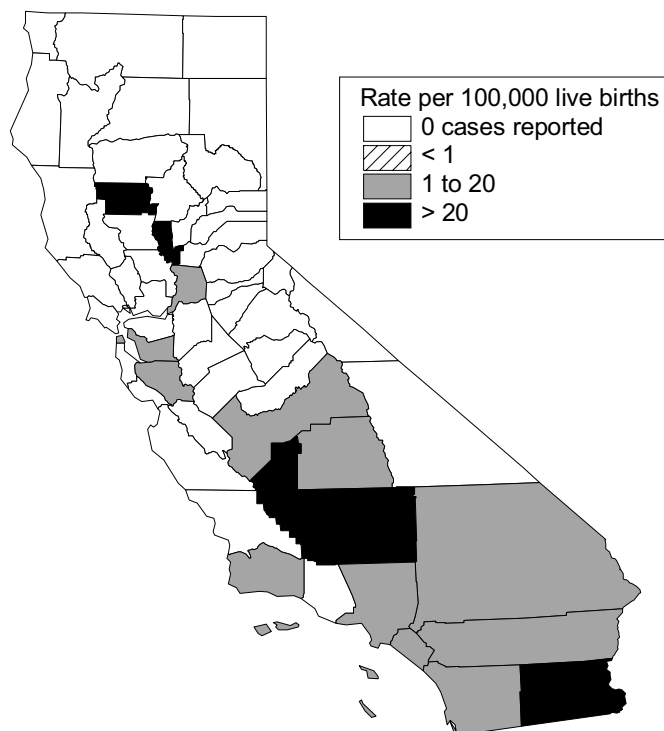
Figure 42. Congenital Syphilis in Infants less than One Year of Age, California versus United States Rates, 1963–2004



Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. United States data prior to 1975 were not reliable and are excluded. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

Source: California Department of Health Services, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 39

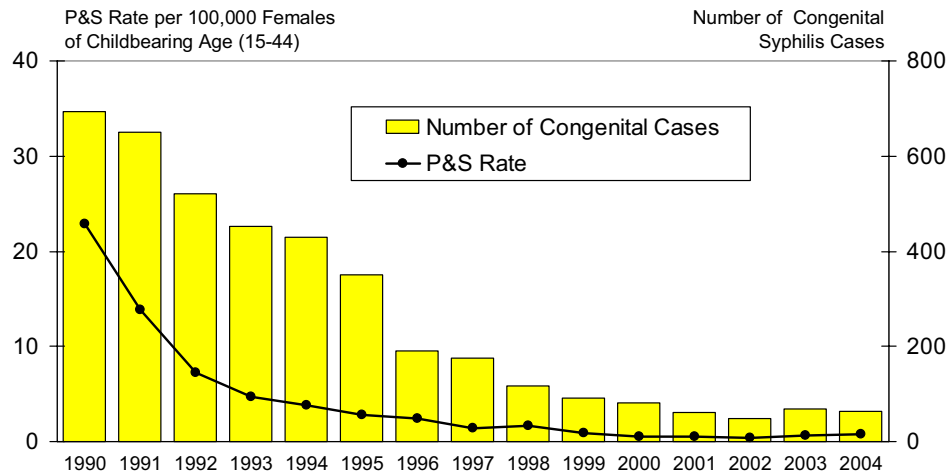
Figure 43. Congenital Syphilis in Infants less than One Year of Age, Rates by County, California, 2004



Note: Rates are based on very small numbers of cases.

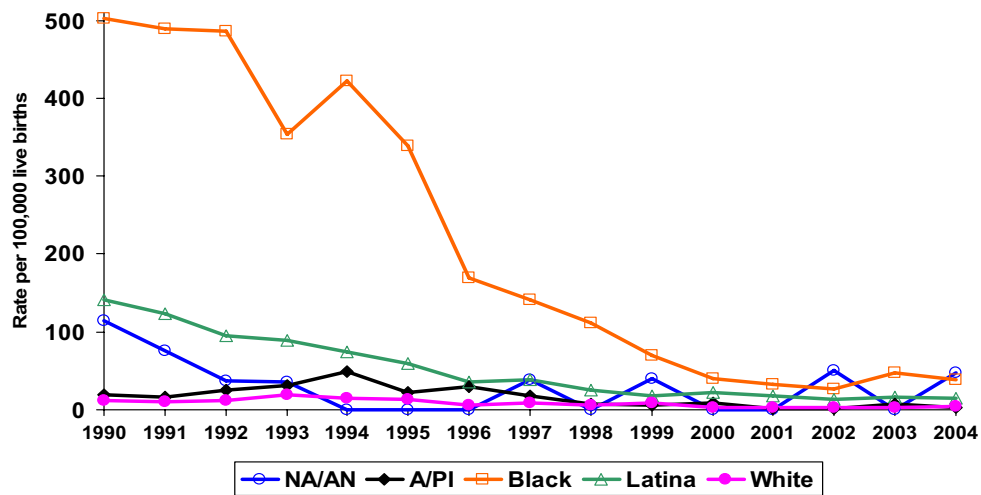
Source: California Department of Health Services, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Rates, California, 1990–2004



Source: California Department of Health Services, STD Control Branch

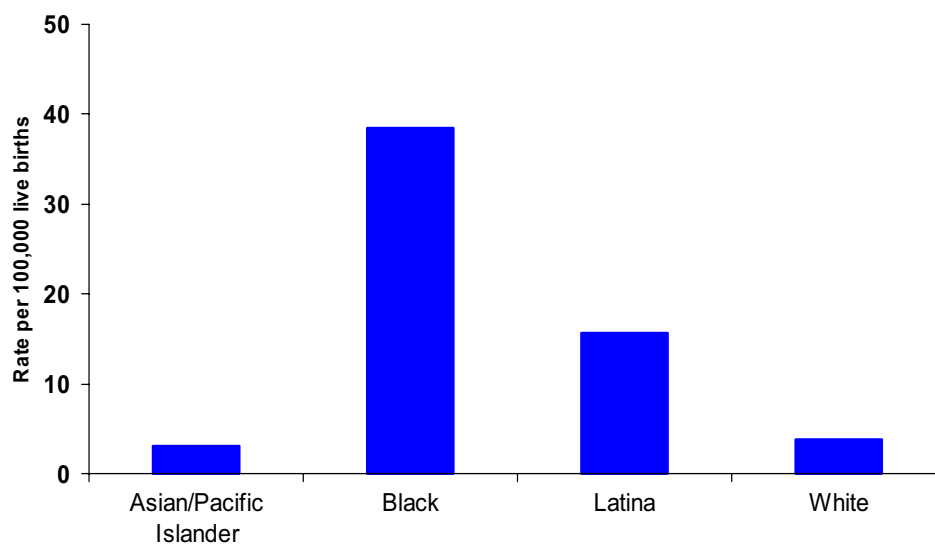
Figure 45. Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2004



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Health Services, STD Control Branch

Figure 46. Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 2004



Note: Native American/Alaskan Native rates were excluded; only one case was reported in 2004.

Source: California Department of Health Services, STD Control Branch

**T
A
B
L
E
S**

Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2004

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages					
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1913	NA	.	NA	.	NA	.	NA	.	32	1.2	NR	.	117	4.3
1914	NA	.	NA	.	NA	.	NA	.	379	13.4	NR	.	467	16.5
1915	NA	.	NA	.	NA	.	NA	.	612	20.8	NR	.	695	23.7
1916	NA	.	NA	.	NA	.	NA	.	1,536	50.4	NR	.	1,083	35.5
1917	NA	.	NA	.	NA	.	NA	.	1,797	56.9	NR	.	3,006	95.2
1918	NA	.	NA	.	NA	.	NA	.	3,106	95.1	NR	.	4,665	142.9
1919	NA	.	NA	.	NA	.	NA	.	4,091	121.3	NR	.	4,570	135.5
1920	NA	.	NA	.	NA	.	NA	.	4,514	127.6	NR	.	5,305	150.0
1921	NA	.	NA	.	NA	.	NA	.	4,220	112.3	NR	.	4,709	125.4
1922	NA	.	NA	.	NA	.	NA	.	5,188	130.5	NR	.	5,060	127.3
1923	NA	.	NA	.	NA	.	NA	.	5,983	142.6	NR	.	5,704	135.9
1924	NA	.	NA	.	NA	.	NA	.	6,546	148.3	NR	.	5,265	119.3
1925	NA	.	NA	.	NA	.	NA	.	6,931	149.6	NR	.	5,391	116.3
1926	NA	.	NA	.	NA	.	NA	.	6,369	131.2	NR	.	5,570	114.8
1927	NA	.	NA	.	NA	.	NA	.	6,573	129.6	NR	.	5,348	105.4
1928	NA	.	NA	.	NA	.	NA	.	7,537	142.4	NR	.	5,593	105.7
1929	NA	.	NA	.	NA	.	NA	.	8,074	146.5	NR	.	5,842	106.0
1930	NA	.	NA	.	NA	.	NA	.	8,455	148.1	NR	.	7,001	122.7
1931	NA	.	NA	.	NA	.	NA	.	9,335	160.3	NR	.	8,123	139.5
1932	NA	.	NA	.	NA	.	NA	.	11,717	198.8	NR	.	8,702	147.6
1933	NA	.	NA	.	NA	.	NA	.	10,737	180.1	NR	.	7,817	131.1
1934	NA	.	NA	.	NA	.	NA	.	11,820	195.2	NR	.	10,459	172.7
1935	NA	.	NA	.	NA	.	NA	.	11,957	193.8	NR	.	11,634	188.6
1936	NA	.	NA	.	NA	.	NA	.	11,725	185.2	NR	.	12,118	191.4
1937	NA	.	NA	.	NA	.	NA	.	17,276	265.1	NR	.	17,051	261.6
1938	NA	.	NA	.	NA	.	NA	.	23,137	348.1	NR	.	16,336	245.8
1939	NA	.	NA	.	NA	.	NA	.	22,634	333.8	NR	.	16,542	243.9
1940	4,331	62.7	1,550	22.4	14,949	216.4	955	853.9	21,785	315.4	NR	.	19,433	281.3
1941	3,063	42.3	5,871	81.1	12,590	174.0	881	704.5	22,405	309.6	NR	.	16,098	222.4
1942	2,815	36.4	5,401	69.8	14,257	184.3	752	491.1	23,225	300.3	NR	.	12,408	160.4
1943	3,166	37.2	7,355	86.5	17,810	209.4	1,015	586.4	29,346	345.0	NR	.	14,632	172.0
1944	4,172	46.6	6,386	71.4	15,543	173.8	860	485.9	26,961	301.4	NR	.	20,365	227.7
1945	5,216	55.8	6,696	71.7	14,177	151.7	745	409.1	26,834	287.2	NR	.	27,668	296.1
1946	6,122	64.0	6,890	72.1	10,528	110.1	681	313.5	24,221	253.4	NR	.	33,364	349.0
1947	5,334	54.3	6,041	61.4	9,664	98.3	727	298.2	21,766	221.4	NR	.	32,396	329.5
1948	3,651	36.3	4,159	41.3	8,499	84.4	591	246.7	16,900	167.9	NR	.	26,767	266.0
1949	2,141	20.7	2,782	26.9	7,794	75.4	493	201.3	13,210	127.8	NR	.	22,027	213.1
1950	930	8.8	1,843	17.4	7,068	66.8	377	154.2	10,218	96.5	NR	.	18,394	173.8
1951	732	6.6	1,648	14.8	6,165	55.4	342	131.4	8,887	79.8	NR	.	17,122	153.8
1952	514	4.4	1,461	12.6	5,179	44.5	305	108.5	7,459	64.1	NR	.	15,821	135.9
1953	475	3.9	1,148	9.5	4,574	37.8	260	87.6	6,457	53.4	NR	.	16,081	132.9
1954	432	3.5	1,114	8.9	5,022	40.1	277	90.5	6,845	54.7	NR	.	16,012	127.9
1955	379	2.9	1,341	10.3	4,833	37.2	249	79.5	6,802	52.3	NR	.	14,697	113.0
1956	470	3.5	1,071	7.9	4,504	33.2	263	78.8	6,427	47.3	NR	.	15,346	113.0
1957	481	3.4	1,093	7.7	3,954	27.9	251	71.6	5,886	41.5	NR	.	15,679	110.6
1958	813	5.5	1,168	7.9	3,883	26.3	254	72.7	6,195	42.0	NR	.	18,928	128.4
1959	1,038	6.8	1,254	8.2	4,232	27.7	270	75.3	6,802	44.5	NR	.	17,237	112.7
1960	1,581	10.0	1,471	9.3	4,616	29.1	256	68.9	7,926	50.0	NR	.	19,236	121.3
1961	1,605	9.8	1,644	10.0	4,462	27.2	274	71.9	7,985	48.7	NR	.	22,979	140.0
1962	1,884	11.1	2,018	11.9	6,547	38.6	354	93.6	10,803	63.7	NR	.	26,967	159.1
1963	2,142	12.2	2,013	11.5	8,245	47.0	462	121.4	12,862	73.4	NR	.	31,825	181.5
1964	2,148	11.9	1,954	10.8	7,668	42.5	421	112.4	12,191	67.6	NR	.	35,700	198.0
1965	1,995	10.8	2,159	11.7	7,174	38.9	351	98.9	11,679	63.3	NR	.	41,551	225.0
1966	1,781	9.5	1,996	10.6	7,824	41.5	330	97.7	11,931	63.4	NR	.	47,099	250.1
1967	1,706	8.9	1,659	8.7	7,575	39.5	306	90.9	11,246	58.7	NR	.	60,810	317.1
1968	1,749	9.0	1,615	8.3	6,768	34.8	304	89.6	10,436	53.7	NR	.	75,998	391.1
1969	1,795	9.1	1,693	8.6	6,311	32.0	240	68.0	10,039	50.8	NR	.	90,073	456.2

(continued on next page)

Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2004 (continued)

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages					
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1970	2,348	11.8	2,096	10.5	6,317	31.6	221	60.9	10,982	55.0	NR	.	104,568	523.6
1971	2,977	14.6	2,660	13.1	6,039	29.7	255	77.3	11,932	58.6	NR	.	102,804	505.3
1972	2,878	14.0	2,778	13.5	5,550	27.0	194	63.3	11,400	55.4	NR	.	101,006	490.7
1973	3,620	17.3	3,594	17.2	5,906	28.3	178	59.8	13,298	63.7	NR	.	98,242	470.8
1974	4,123	19.5	3,108	14.7	5,893	27.8	138	44.3	13,262	62.6	NR	.	98,639	465.9
1975	4,911	22.8	3,709	17.2	4,547	21.1	53	16.7	13,265	61.6	NR	.	121,919	566.1
1976	4,703	21.4	3,352	15.3	3,659	16.7	26	7.8	11,740	53.5	NR	.	125,833	573.7
1977	3,787	16.9	2,635	11.8	5,532	24.8	23	6.6	11,997	53.7	NR	.	126,768	567.2
1978	4,033	17.7	2,803	12.3	4,910	21.5	36	10.1	11,795	51.6	NR	.	136,109	595.9
1979	4,445	19.1	3,036	13.1	5,149	22.1	40	10.5	12,670	54.5	NR	.	136,463	586.8
1980	4,696	19.8	5,138	21.7	2,412	10.2	24	6.0	12,270	51.8	NR	.	135,885	574.1
1981	4,748	19.6	2,936	12.1	2,805	11.6	19	4.5	10,508	43.3	NR	.	127,723	526.1
1982	5,096	20.5	3,399	13.7	2,860	11.5	27	6.3	11,382	45.9	NR	.	109,860	442.9
1983	5,290	20.9	3,171	12.5	3,201	12.6	19	4.4	11,681	46.1	NR	.	108,066	426.5
1984	4,503	17.4	3,048	11.8	3,628	14.1	25	5.6	11,204	43.4	NR	.	110,208	426.9
1985	4,285	16.2	2,724	10.3	3,637	13.8	35	7.4	10,681	40.5	NR	.	117,392	444.6
1986	5,831	21.6	3,117	11.5	4,240	15.7	57	11.8	13,245	49.0	NR	.	116,895	432.1
1987	7,697	27.8	5,548	20.0	7,013	25.3	72	14.3	20,330	73.3	NR	.	95,877	345.9
1988	6,598	23.2	6,226	21.9	9,076	32.0	117	22.0	22,017	77.5	NR	.	80,708	284.3
1989	5,597	19.2	6,601	22.7	5,642	19.4	102	17.9	17,942	61.6	NR	.	70,596	242.2
1990	4,494	15.1	5,684	19.1	6,193	20.8	694	113.5	17,065	57.2	66,213	222.0	54,076	181.3
1991	2,604	8.5	3,972	13.0	5,526	18.1	649	106.5	12,751	41.9	69,974	229.7	44,104	144.8
1992	1,500	4.8	3,178	10.3	6,160	19.9	520	86.5	11,358	36.7	67,113	216.6	38,182	123.2
1993	1,019	3.3	2,303	7.4	6,666	21.3	452	77.3	10,440	33.3	68,323	218.2	31,443	100.4
1994	775	2.5	1,638	5.2	5,157	16.4	428	75.5	7,998	25.4	72,770	230.8	29,241	92.8
1995	591	1.9	1,409	4.4	3,614	11.4	350	63.5	5,964	18.8	61,541	194.1	24,369	76.8
1996	521	1.6	1,190	3.7	2,591	8.1	191	35.5	4,493	14.1	61,666	192.9	18,570	58.1
1997	386	1.2	961	3.0	2,371	7.3	174	33.2	3,892	12.0	68,599	211.4	18,002	55.5
1998	325	1.0	782	2.4	1,754	5.3	116	22.3	2,977	9.1	76,398	232.5	19,555	59.5
1999	284	0.8	584	1.7	1,915	5.7	92	17.8	2,875	8.6	85,023	254.4	18,654	55.8
2000	326	1.0	355	1.0	2,618	7.7	82	15.4	3,381	9.9	95,455	279.9	21,632	63.4
2001	546	1.6	413	1.2	2,145	6.2	62	11.8	3,166	9.1	101,871	292.9	23,277	66.9
2002	1,045	3.0	721	2.0	2,150	6.1	49	9.3	3,965	11.2	110,360	311.8	24,629	69.6
2003	1,293	3.6	818	2.3	2,015	5.6	69	12.8	4,195	11.7	116,721	324.3	25,754	71.6
2004	1,358	3.7	872	2.4	2,298	6.3	64	11.7	4,592	12.5	122,538	334.9	30,258	82.7

Notes: For 1913-1957, data were reported for civilian cases only. From 1958 to the present, case counts include both civilian and military cases.

Congenital syphilis rates are per 100,000 live births. The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. From 1985 to the present, congenital case counts include only infants under one year of age.

NA = Not Available

NR = No Report

Source: California Department of Health Services, STD Control Branch

State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000-2004*. Sacramento, California, February 2005

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 2000-2014, with Births and Fertility Rates by Race/Ethnicity and Age of Mother*. Sacramento, California, September 2005

Table 2. Chlamydia, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	95,455	279.9	101,871	292.9	110,360	311.8	116,721	324.3	122,538	334.9
Alameda	5,228	359.8	4,886	330.6	4,848	325.7	5,068	339.2	5,308	353.4
— Berkeley ¹	251	242.4	222	212.7	241	230.4	313	299.9	312	298.4
Alpine	-	-	1	80.0	1	79.5	3	237.2	-	-
Amador	12	34.0	20	55.7	32	87.2	32	86.5	21	56.0
Butte	333	163.4	396	192.1	378	181.0	607	287.5	706	331.4
Calaveras	17	41.7	28	67.3	31	73.0	34	78.1	30	67.7
Colusa	31	163.8	32	166.3	31	157.7	16	79.8	31	150.6
Contra Costa	1,838	192.2	2,367	242.2	2,370	239.5	2,611	260.4	2,726	268.2
Del Norte	25	90.9	38	137.7	28	100.2	25	88.5	27	93.1
El Dorado	105	66.2	152	93.6	173	104.4	222	131.5	236	137.0
Fresno	3,682	457.8	4,216	513.9	4,822	575.8	4,737	552.5	4,864	554.7
Glenn	38	142.6	44	164.1	44	161.9	57	206.3	48	171.9
Humboldt	352	277.5	315	247.4	315	244.9	358	275.7	323	246.7
Imperial	390	271.6	473	323.5	466	310.8	398	257.2	380	238.3
Inyo	12	65.9	22	120.4	14	75.7	22	118.4	35	187.8
Kern	2,529	380.1	2,792	409.4	2,869	410.2	3,403	471.8	3,730	501.1
Kings	443	340.5	494	372.9	503	372.0	579	415.1	609	423.3
Lake	46	78.5	84	139.4	118	192.6	133	214.1	73	115.7
Lassen	16	47.1	20	59.1	47	138.3	44	127.9	43	121.1
Los Angeles	33,394	348.6	35,081	359.9	37,984	383.3	39,631	394.4	41,099	403.7
— Long Beach ¹	2,044	440.2	2,119	449.5	2,040	427.4	2,301	475.1	2,282	465.0
— Pasadena ¹	270	200.2	225	164.5	268	191.3	271	189.3	277	190.9
Madera	343	275.4	305	240.0	423	326.1	453	336.5	808	579.6
Marin	287	115.6	301	120.5	287	114.6	249	99.2	462	183.7
Mariposa	15	88.3	9	52.3	14	80.4	12	67.6	21	117.6
Mendocino	171	197.6	172	196.6	166	188.1	197	221.3	193	215.2
Merced	459	217.3	468	214.6	645	287.3	873	377.7	892	376.1
Modoc	10	104.5	6	63.3	10	105.5	8	83.5	6	60.5
Mono	24	185.7	6	45.5	6	45.0	7	52.3	12	88.4
Monterey	1,010	250.0	1,200	292.2	1,206	290.1	1,172	278.2	1,252	294.2
Napa	121	96.8	120	94.4	110	85.0	126	96.1	150	113.2
Nevada	63	68.2	88	93.2	108	112.9	115	118.3	110	111.3
Orange	4,577	159.8	5,759	197.3	5,630	190.0	6,407	213.2	5,202	170.8
Placer	227	89.9	245	92.4	248	89.4	339	116.5	411	135.6
Plumas	4	19.3	13	62.4	17	81.4	8	38.0	19	89.8
Riverside	3,078	197.4	3,411	210.3	4,086	242.3	3,860	218.4	3,305	179.0
Sacramento	4,643	376.4	4,434	348.6	4,727	362.8	5,298	397.5	6,227	457.8
San Benito	69	128.3	84	152.1	105	186.8	115	202.2	152	265.0
San Bernardino	5,143	298.5	5,601	315.9	5,990	329.8	6,828	365.1	7,609	394.2
San Diego	8,592	302.9	9,092	314.5	10,255	347.7	10,277	343.2	11,030	363.3
San Francisco	3,100	396.9	3,030	385.2	3,346	423.1	3,332	420.9	3,618	455.0
San Joaquin	1,941	341.1	2,099	354.9	2,351	386.3	2,412	384.6	2,631	407.3
San Luis Obispo	324	130.6	293	116.2	467	183.5	519	202.2	457	175.8
San Mateo	1,061	149.3	1,215	170.2	1,407	196.6	1,389	193.5	1,525	211.6
Santa Barbara	810	202.0	883	217.8	973	237.8	1,029	248.8	1,100	264.0
Santa Clara	3,908	230.9	4,107	240.3	4,360	253.4	4,681	270.2	5,545	317.0
Santa Cruz	540	210.5	575	223.1	526	203.7	582	225.1	572	220.0
Shasta	389	236.2	381	226.3	449	261.4	653	373.5	628	354.8
Sierra	3	82.3	5	138.2	2	55.5	-	-	-	-
Siskiyou	66	148.3	59	132.3	80	178.5	90	199.4	106	233.3
Solano	1,049	264.1	1,179	290.2	1,303	316.4	1,321	317.8	1,426	339.9
Sonoma	569	123.3	551	117.7	762	162.1	611	129.2	620	129.9
Stanislaus	1,053	233.5	1,267	271.6	1,292	269.6	1,568	319.8	1,820	363.9
Sutter	141	177.3	167	206.5	159	191.7	165	193.2	179	204.5
Tehama	94	168.1	88	155.3	116	201.6	116	197.7	151	252.4
Trinity	5	38.5	4	30.7	11	83.1	13	96.4	17	123.8
Tulare	1,395	377.3	1,464	389.1	1,543	401.1	1,759	445.6	1,722	424.7
Tuolumne	74	135.2	57	102.5	55	97.7	64	112.6	97	170.2
Ventura	1,180	155.5	1,235	159.5	1,482	188.1	1,530	191.3	1,552	191.2
Yolo	286	168.2	272	155.1	366	203.6	352	192.4	420	225.1
Yuba	140	231.7	165	267.5	203	321.8	211	327.4	202	305.0

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 3. Chlamydia, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	122,538	334.9	88,686	486.9	33,417	184.0	435
Ages 0 - 9	87	1.7	62	2.5	23	0.9	2
10 - 14	1,492	52.8	1,310	95.1	179	12.4	3
15 - 19	35,558	1,322.1	29,083	2,227.6	6,374	460.6	101
20 - 24	43,545	1,671.7	32,043	2,602.0	11,383	828.9	119
25 - 29	20,530	824.4	13,998	1,170.7	6,458	498.9	74
30 - 34	9,805	357.7	6,150	460.9	3,619	257.3	36
35 - 44	8,095	142.7	4,297	154.1	3,756	130.3	42
45 +	2,483	20.3	1,124	17.4	1,348	23.4	11
Not Specified	943	-	619	-	277	-	47
Native American/Alaskan Native	358	129.3	263	185.9	95	70.2	0
Ages 0 - 9	1	3.0	0	0.0	1	5.9	0
10 - 14	5	20.6	4	33.3	1	8.2	0
15 - 19	107	449.3	87	741.1	20	165.6	0
20 - 24	149	684.3	112	1,053.0	37	332.2	0
25 - 29	42	231.0	31	344.1	11	120.0	0
30 - 34	28	150.5	17	179.6	11	120.4	0
35 - 44	17	38.7	8	35.4	9	42.1	0
45 +	7	7.5	2	4.0	5	11.6	0
Not Specified	2	-	2	-	0	-	0
Asian/Pacific Islander	4,859	116.7	3,641	169.4	1,203	59.7	15
Ages 0 - 9	1	0.2	0	0.0	1	0.4	0
10 - 14	29	10.6	27	20.3	2	1.4	0
15 - 19	1,004	351.7	862	625.9	142	96.1	0
20 - 24	1,791	590.3	1,385	933.5	402	259.3	4
25 - 29	888	301.3	638	428.6	245	167.9	5
30 - 34	514	148.9	340	191.3	172	102.7	2
35 - 44	422	60.9	265	73.4	154	46.4	3
45 +	177	12.0	98	12.2	79	11.7	0
Not Specified	33	-	26	-	6	-	1
African American/Black	17,666	728.5	11,725	952.4	5,923	496.1	18
Ages 0 - 9	4	1.2	2	1.2	2	1.2	0
10 - 14	391	174.8	320	290.7	69	60.7	2
15 - 19	6,818	3,196.8	5,193	5,005.9	1,619	1,478.1	6
20 - 24	5,825	3,201.2	3,875	4,501.4	1,944	2,027.5	6
25 - 29	2,348	1,511.6	1,355	1,735.9	993	1,285.0	0
30 - 34	967	565.0	461	524.9	504	604.8	2
35 - 44	911	228.0	349	174.1	562	282.1	0
45 +	297	40.2	104	26.1	192	56.2	1
Not Specified	105	-	66	-	38	-	1
Hispanic/Latino	40,105	312.9	30,182	482.0	9,872	150.6	51
Ages 0 - 9	24	1.0	20	1.6	4	0.3	0
10 - 14	441	34.1	375	59.3	65	9.8	1
15 - 19	11,335	1,000.3	9,191	1,672.5	2,132	365.3	12
20 - 24	14,852	1,300.0	11,132	2,114.2	3,706	601.7	14
25 - 29	7,169	614.9	5,161	958.1	2,000	318.9	8
30 - 34	3,331	285.5	2,352	427.9	973	157.6	6
35 - 44	2,256	115.4	1,494	158.9	756	74.5	6
45 +	471	19.1	298	22.8	172	14.8	1
Not Specified	226	-	159	-	64	-	3
White	17,109	107.1	12,023	149.2	5,053	63.9	33
Ages 0 - 9	9	0.6	8	1.0	1	0.1	0
10 - 14	169	18.2	162	36.0	7	1.5	0
15 - 19	5,002	520.2	4,293	919.6	702	141.9	7
20 - 24	6,382	713.2	4,699	1,095.2	1,670	358.5	13
25 - 29	2,559	315.6	1,611	405.1	941	227.8	7
30 - 34	1,202	120.5	615	126.0	586	115.0	1
35 - 44	1,243	49.7	434	35.5	806	63.1	3
45 +	430	5.9	129	3.4	300	8.7	1
Not Specified	113	-	72	-	40	-	1
Other/Multi/Unknown	42,441	-	30,852	-	11,271	-	318
Ages 0 - 9	48	-	32	-	14	-	2
10 - 14	457	-	422	-	35	-	0
15 - 19	11,292	-	9,457	-	1,759	-	76
20 - 24	14,546	-	10,840	-	3,624	-	82
25 - 29	7,524	-	5,202	-	2,268	-	54
30 - 34	3,763	-	2,365	-	1,373	-	25
35 - 44	3,246	-	1,747	-	1,469	-	30
45 +	1,101	-	493	-	600	-	8
Not Specified	464	-	294	-	129	-	41

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 4. Chlamydia, Cases and Rates for Females of Select Age Groups, California Counties, and Selected City Health Jurisdictions, 2004

HEALTH JURISDICTION	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	29,083	2,227.6	61,126	2,409.3	85,571	1,089.2
Alameda	1,490	3,146.5	2,821	2,905.0	3,872	1,095.2
— Berkeley ¹	75	1,801.5	160	1,307.3	193	674.8
Alpine	-	-	-	-	-	-
Amador	5	434.4	12	633.2	17	325.5
Butte	195	2,103.8	414	2,045.6	497	1,115.2
Calaveras	7	420.7	15	568.6	22	315.5
Colusa	6	672.6	14	822.1	25	590.2
Contra Costa	755	2,061.2	1,459	2,223.9	1,935	906.9
Del Norte	13	1,198.2	23	1,203.6	24	489.3
El Dorado	64	914.9	132	1,136.0	159	492.1
Fresno	1,179	3,121.2	2,593	3,502.3	3,572	1,868.5
Glenn	20	1,718.2	34	1,470.6	41	735.3
Humboldt	106	2,057.5	192	1,682.9	232	835.2
Imperial	101	1,390.0	201	1,569.0	273	848.2
Inyo	11	1,705.4	21	1,588.5	26	816.1
Kern	986	3,274.4	1,915	3,384.3	2,595	1,739.2
Kings	157	3,126.9	325	3,475.9	431	1,618.8
Lake	24	973.2	45	1,165.8	56	511.5
Lassen	9	825.7	21	1,031.4	23	442.7
Los Angeles	8,960	2,584.3	19,264	2,848.1	28,169	1,293.2
— Long Beach ¹	553	3,081.3	1,139	3,023.7	1,613	1,361.6
— Pasadena ¹	52	1,392.6	120	1,410.6	177	528.3
Madera	174	3,419.1	389	3,680.6	673	2,164.8
Marin	82	1,198.5	170	1,414.5	251	580.8
Mariposa	4	634.9	12	1,089.9	15	492.9
Mendocino	61	1,784.7	110	1,690.2	138	823.4
Merced	245	2,235.0	495	2,387.0	678	1,285.6
Modoc	2	551.0	3	456.6	5	305.1
Mono	4	1,025.6	7	957.6	12	463.1
Monterey	285	1,868.2	654	2,168.2	963	1,088.0
Napa	38	864.6	78	917.2	108	430.6
Nevada	39	1,030.7	63	919.0	80	446.0
Orange	1,072	1,043.8	2,433	1,204.1	3,660	548.6
Placer	124	1,110.2	237	1,277.5	302	522.0
Plumas	4	515.5	9	622.4	14	408.0
Riverside	844	1,139.7	1,846	1,365.2	2,442	640.4
Sacramento	1,786	3,525.5	3,362	3,401.3	4,368	1,423.8
San Benito	40	1,751.3	85	2,006.6	114	917.4
San Bernardino	2,112	2,509.7	4,243	2,752.0	5,599	1,283.0
San Diego	2,482	2,355.4	5,550	2,520.7	7,661	1,104.6
San Francisco	452	3,032.3	1,078	3,349.7	1,676	912.8
San Joaquin	770	2,823.9	1,434	2,772.7	1,906	1,366.5
San Luis Obispo	114	1,108.3	239	1,115.1	304	609.1
San Mateo	280	1,353.0	670	1,695.6	1,033	703.2
Santa Barbara	245	1,582.9	602	1,725.9	812	893.2
Santa Clara	1,173	2,219.4	2,567	2,480.8	3,784	1,038.6
Santa Cruz	150	1,577.3	315	1,594.9	425	759.5
Shasta	231	3,490.5	396	2,913.3	482	1,413.5
Sierra	-	-	-	-	-	-
Siskiyou	32	1,844.4	72	2,206.6	83	1,101.7
Solano	429	2,768.6	849	2,828.5	1,093	1,276.3
Sonoma	144	869.8	304	928.6	394	416.3
Stanislaus	540	2,532.4	1,042	2,553.4	1,372	1,246.0
Sutter	38	1,107.2	83	1,244.4	126	688.8
Tehama	49	2,132.3	88	1,957.3	117	1,042.6
Trinity	7	1,431.5	12	1,342.3	13	599.4
Tulare	420	2,371.8	899	2,664.9	1,251	1,440.5
Tuolumne	29	1,525.5	54	1,649.9	67	752.0
Ventura	342	1,148.8	816	1,555.4	1,122	675.1
Yolo	96	997.0	238	1,114.5	309	641.8
Yuba	56	2,077.9	121	2,383.8	150	1,107.3

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population. These age groupings are selected for comparison to other health outcomes for adolescents (15–19); Healthplan Employer Data and Information System (HEDIS) (15–25), with 15–24 as an approximation; and reproductive-age females (15–44).

Source: California Department of Health Services, STD Control Branch

Table 5. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive for Females Ages 15–19 and 20–24 by Health Care Setting, California, 2004

Health Care Setting	Number of Sites	Females Ages 15–19			Females Ages 20–24			Female Totals		
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	41	35,129	1,633	4.6%	51,808	1,505	2.9%	166,844	4,291	2.6%
Family Planning Clinics	34	10,227	779	7.6%	13,073	694	5.3%	40,388	1,898	4.7%
College Sites	8	432	35	8.1%	1,016	53	5.2%	2,201	103	4.7%
Teen Clinics	3	1,027	47	4.6%	547	16	2.9%	1,652	67	4.1%
School-Based Sites	4	451	34	7.5%	23	3	13.0%	511	38	7.4%
Juvenile Detention	25	10,015	1,434	14.3%	20	5	25.0%	11,574	1,608	13.9%
STD Clinics	14	2,375	544	22.9%	4,566	695	15.2%	16,522	1,772	10.7%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 6. Chlamydia Prevalence Monitoring, Self-Reported Symptoms Among Chlamydia Cases at Family Planning and STD Clinics, California, 2004

Symptom Status	Family Planning Females		STD Females*		STD Males*	
	Number	Percent of All Positives	Number	Percent of All Positives	Number	Percent of All Positives
All Positives	1,898		528		1,418	
Symptomatic	382	20.1%	171	32.4%	345	24.3%
Asymptomatic	1,426	75.1%	335	63.4%	1,011	71.3%
Unknown Symptom Status	90	4.7%	22	4.2%	62	4.4%

* Excludes supplemental data from Los Angeles STD clinics, as symptom data was not collected.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics* by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	46,544	2,484	5.3%	40,388	1,898	4.7%	6,156	586	9.5%
Ages 0 - 9	5	0	0.0%	5	0	0.0%	0	0	0.0%
10 - 14	378	26	6.9%	336	25	7.4%	42	1	2.4%
15 - 19	11,440	901	7.9%	10,227	779	7.6%	1,213	122	10.1%
20 - 24	15,043	973	6.5%	13,073	694	5.3%	1,970	279	14.2%
25 - 29	8,079	329	4.1%	6,975	230	3.3%	1,104	99	9.0%
30 - 34	4,686	137	2.9%	4,084	93	2.3%	602	44	7.3%
35 +	6,877	118	1.7%	5,659	77	1.4%	1,218	41	3.4%
Not Specified	36	0	0.0%	29	0	0.0%	7	0	0.0%
Native American/Alaskan Native	255	11	4.3%	226	9	4.0%	29	2	6.9%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2	1	50.0%	2	1	50.0%	0	0	0.0%
15 - 19	85	4	4.7%	77	4	5.2%	8	0	0.0%
20 - 24	90	3	3.3%	76	2	2.6%	14	1	7.1%
25 - 29	47	2	4.3%	42	2	4.8%	5	0	0.0%
30 - 34	20	0	0.0%	19	0	0.0%	1	0	0.0%
35 +	11	1	9.1%	10	0	0.0%	1	1	100.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	2,889	171	5.9%	2,670	144	5.4%	219	27	12.3%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	1	25.0%	4	1	25.0%	0	0	0.0%
15 - 19	558	31	5.6%	518	28	5.4%	40	3	7.5%
20 - 24	888	71	8.0%	825	60	7.3%	63	11	17.5%
25 - 29	435	26	6.0%	385	18	4.7%	50	8	16.0%
30 - 34	310	15	4.8%	292	12	4.1%	18	3	16.7%
35 +	692	27	3.9%	644	25	3.9%	48	2	4.2%
Not Specified	2	0	0.0%	2	0	0.0%	0	0	0.0%
African American/Black	5,668	599	10.6%	4,687	414	8.8%	981	185	18.9%
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	83	9	10.8%	67	9	13.4%	16	0	0.0%
15 - 19	1,430	259	18.1%	1,261	210	16.7%	169	49	29.0%
20 - 24	1,800	211	11.7%	1,471	134	9.1%	329	77	23.4%
25 - 29	979	70	7.2%	815	38	4.7%	164	32	19.5%
30 - 34	519	31	6.0%	414	13	3.1%	105	18	17.1%
35 +	854	19	2.2%	656	10	1.5%	198	9	4.5%
Not Specified	2	0	0.0%	2	0	0.0%	0	0	0.0%
Hispanic/Latino	19,553	928	4.7%	16,912	718	4.2%	2,641	210	8.0%
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	116	2	1.7%	99	2	2.0%	17	0	0.0%
15 - 19	4,221	293	6.9%	3,666	258	7.0%	555	35	6.3%
20 - 24	6,022	392	6.5%	5,245	282	5.4%	777	110	14.2%
25 - 29	3,614	145	4.0%	3,165	109	3.4%	449	36	8.0%
30 - 34	2,306	49	2.1%	2,037	42	2.1%	269	7	2.6%
35 +	3,269	47	1.4%	2,696	25	0.9%	573	22	3.8%
Not Specified	4	0	0.0%	3	0	0.0%	1	0	0.0%
White	14,014	628	4.5%	12,183	497	4.1%	1,831	131	7.2%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	143	7	4.9%	138	7	5.1%	5	0	0.0%
15 - 19	4,449	269	6.0%	4,065	240	5.9%	384	29	7.6%
20 - 24	4,958	237	4.8%	4,307	173	4.0%	651	64	9.8%
25 - 29	2,119	68	3.2%	1,779	47	2.6%	340	21	6.2%
30 - 34	990	31	3.1%	830	19	2.3%	160	12	7.5%
35 +	1,352	16	1.2%	1,062	11	1.0%	290	5	1.7%
Not Specified	3	0	0.0%	2	0	0.0%	1	0	0.0%
Other/Mixed/Unknown	4,165	147	3.5%	3,710	116	3.1%	455	31	6.8%
Ages 0 - 9	3	0	0.0%	3	0	0.0%	0	0	0.0%
10 - 14	30	6	20.0%	26	5	19.2%	4	1	25.0%
15 - 19	697	45	6.5%	640	39	6.1%	57	6	10.5%
20 - 24	1,285	59	4.6%	1,149	43	3.7%	136	16	11.8%
25 - 29	885	18	2.0%	789	16	2.0%	96	2	2.1%
30 - 34	541	11	2.0%	492	7	1.4%	49	4	8.2%
35 +	699	8	1.1%	591	6	1.0%	108	2	1.9%
Not Specified	25	0	0.0%	20	0	0.0%	5	0	0.0%

* Includes data for 20 agencies (34 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 8. Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics* by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	51,457	5,218	10.1%	16,522	1,772	10.7%	34,935	3,446	9.9%
Ages 0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	99	20	20.2%	75	15	20.0%	24	5	20.8%
15 - 19	4,244	927	21.8%	2,375	544	22.9%	1,869	383	20.5%
20 - 24	11,242	1,754	15.6%	4,566	695	15.2%	6,676	1,059	15.9%
25 - 29	10,566	1,056	10.0%	3,237	285	8.8%	7,329	771	10.5%
30 - 34	7,793	617	7.9%	1,946	106	5.4%	5,847	511	8.7%
35 +	17,507	843	4.8%	4,322	127	2.9%	13,185	716	5.4%
Not Specified	2	1	50.0%	1	0	0.0%	1	1	100.0%
Native American/Alaskan Native	137	13	9.5%	63	8	12.7%	74	5	6.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	12	3	25.0%	9	3	33.3%	3	0	0.0%
20 - 24	25	4	16.0%	12	1	8.3%	13	3	23.1%
25 - 29	27	4	14.8%	11	2	18.2%	16	2	12.5%
30 - 34	34	0	0.0%	10	0	0.0%	24	0	0.0%
35 +	39	2	5.1%	21	2	9.5%	18	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	2,265	181	8.0%	831	64	7.7%	1,434	117	8.2%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2	0	0.0%	2	0	0.0%	0	0	0.0%
15 - 19	144	15	10.4%	92	14	15.2%	52	1	1.9%
20 - 24	568	50	8.8%	277	19	6.9%	291	31	10.7%
25 - 29	624	52	8.3%	232	19	8.2%	392	33	8.4%
30 - 34	407	32	7.9%	122	9	7.4%	285	23	8.1%
35 +	520	32	6.2%	106	3	2.8%	414	29	7.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	4,862	597	12.3%	1,703	144	8.5%	3,159	453	14.3%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	15	2	13.3%	10	2	20.0%	5	0	0.0%
15 - 19	482	120	24.9%	268	48	17.9%	214	72	33.6%
20 - 24	1,012	174	17.2%	505	55	10.9%	507	119	23.5%
25 - 29	892	121	13.6%	310	28	9.0%	582	93	16.0%
30 - 34	659	69	10.5%	177	4	2.3%	482	65	13.5%
35 +	1,802	111	6.2%	433	7	1.6%	1,369	104	7.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	6,324	536	8.5%	1,997	182	9.1%	4,327	354	8.2%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	33	5	15.2%	24	3	12.5%	9	2	22.2%
15 - 19	844	124	14.7%	404	68	16.8%	440	56	12.7%
20 - 24	1,541	168	10.9%	534	52	9.7%	1,007	116	11.5%
25 - 29	1,366	109	8.0%	365	24	6.6%	1,001	85	8.5%
30 - 34	1,015	61	6.0%	267	18	6.7%	748	43	5.7%
35 +	1,525	69	4.5%	403	17	4.2%	1,122	52	4.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	11,486	628	5.5%	2,731	135	4.9%	8,755	493	5.6%
Ages 0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	15	2	13.3%	12	2	16.7%	3	0	0.0%
15 - 19	560	51	9.1%	292	29	9.9%	268	22	8.2%
20 - 24	2,009	147	7.3%	749	49	6.5%	1,260	98	7.8%
25 - 29	2,438	126	5.2%	699	30	4.3%	1,739	96	5.5%
30 - 34	1,810	94	5.2%	319	14	4.4%	1,491	80	5.4%
35 +	4,649	208	4.5%	659	11	1.7%	3,990	197	4.9%
Not Specified	1	0	0.0%	1	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	26,383	3,263	12.4%	9,197	1,239	13.5%	17,186	2,024	11.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	34	11	32.4%	27	8	29.6%	7	3	42.9%
15 - 19	2,202	614	27.9%	1,310	382	29.2%	892	232	26.0%
20 - 24	6,087	1,211	19.9%	2,489	519	20.9%	3,598	692	19.2%
25 - 29	5,219	644	12.3%	1,620	182	11.2%	3,599	462	12.8%
30 - 34	3,868	361	9.3%	1,051	61	5.8%	2,817	300	10.6%
35 +	8,972	421	4.7%	2,700	87	3.2%	6,272	334	5.3%
Not Specified	1	1	100.0%	0	0	0.0%	1	1	100.0%

* Includes data for 4 agencies (14 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 9. Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Hall Facilities* by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	41,360	3,075	7.4%	11,574	1,608	13.9%	29,786	1,467	4.9%
Ages 0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	4,880	207	4.2%	1,511	166	11.0%	3,369	41	1.2%
15 - 16	16,401	1,178	7.2%	5,141	740	14.4%	11,260	438	3.9%
17 - 19	19,845	1,674	8.4%	4,874	694	14.2%	14,971	980	6.5%
20 +	141	13	9.2%	25	5	20.0%	116	8	6.9%
Not Specified	89	3	3.4%	23	3	13.0%	66	0	0.0%
Native American/Alaskan Native	155	12	7.7%	53	8	15.1%	102	4	3.9%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	13	1	7.7%	4	1	25.0%	9	0	0.0%
15 - 16	63	5	7.9%	28	5	17.9%	35	0	0.0%
17 - 19	77	6	7.8%	20	2	10.0%	57	4	7.0%
20 +	1	0	0.0%	1	0	0.0%	0	0	0.0%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
Asian/Pacific Islander	1,165	62	5.3%	266	34	12.8%	899	28	3.1%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	152	2	1.3%	33	2	6.1%	119	0	0.0%
15 - 16	481	27	5.6%	129	18	14.0%	352	9	2.6%
17 - 19	531	33	6.2%	104	14	13.5%	427	19	4.4%
20 +	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
African American/Black	9,690	1,043	10.8%	2,734	466	17.0%	6,956	577	8.3%
Ages 0 - 9	3	0	0.0%	0	0	0.0%	3	0	0.0%
10 - 14	1,508	73	4.8%	401	60	15.0%	1,107	13	1.2%
15 - 16	3,988	395	9.9%	1,204	208	17.3%	2,784	187	6.7%
17 - 19	4,151	571	13.8%	1,122	197	17.6%	3,029	374	12.3%
20 +	28	4	14.3%	5	1	20.0%	23	3	13.0%
Not Specified	12	0	0.0%	2	0	0.0%	10	0	0.0%
Hispanic/Latino	20,004	1,180	5.9%	4,297	570	13.3%	15,707	610	3.9%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2,188	75	3.4%	612	56	9.2%	1,576	19	1.2%
15 - 16	7,759	423	5.5%	1,908	256	13.4%	5,851	167	2.9%
17 - 19	9,951	675	6.8%	1,760	255	14.5%	8,191	420	5.1%
20 +	69	6	8.7%	9	2	22.2%	60	4	6.7%
Not Specified	37	1	2.7%	8	1	12.5%	29	0	0.0%
White	6,648	385	5.8%	2,656	288	10.8%	3,992	97	2.4%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	643	24	3.7%	272	24	8.8%	371	0	0.0%
15 - 16	2,566	152	5.9%	1,144	126	11.0%	1,422	26	1.8%
17 - 19	3,413	207	6.1%	1,231	136	11.0%	2,182	71	3.3%
20 +	23	2	8.7%	8	2	25.0%	15	0	0.0%
Not Specified	3	0	0.0%	1	0	0.0%	2	0	0.0%
Other/Mixed/Unknown	3,698	393	10.6%	1,568	242	15.4%	2,130	151	7.1%
Ages 0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	376	32	8.5%	189	23	12.2%	187	9	4.8%
15 - 16	1,544	176	11.4%	728	127	17.4%	816	49	6.0%
17 - 19	1,722	182	10.6%	637	90	14.1%	1,085	92	8.5%
20 +	20	1	5.0%	2	0	0.0%	18	1	5.6%
Not Specified	35	2	5.7%	12	2	16.7%	23	0	0.0%

* Includes data for 25 facilities.

Source: California Department of Health Services, STD Control Branch

Table 10. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization by Age Group and Gender, 2004

Age Group	Total			Females			Males		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	2,375	108	4.5%	2,049	98	4.8%	326	10	3.1%
15-19	39,123	1,863	4.8%	35,129	1,633	4.6%	3,994	230	5.8%
20-24	55,978	1,883	3.4%	51,808	1,505	2.9%	4,170	378	9.1%
25-29	36,630	869	2.4%	33,172	611	1.8%	3,458	258	7.5%
30-34	21,236	451	2.1%	18,268	247	1.4%	2,968	204	6.9%
35+	34,412	481	1.4%	26,418	197	0.7%	7,994	284	3.6%
Total	189,754	5,655	3.0%	166,844	4,291	2.6%	22,910	1,364	6.0%

Source: California Department of Health Services, STD Control Branch

Table 11. Gonorrhea, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	21,632	63.4	23,277	66.9	24,629	69.6	25,754	71.6	30,258	82.7
Alameda	1,904	131.0	2,134	144.4	2,051	137.8	1,664	111.4	1,823	121.4
— Berkeley ¹	110	106.2	105	100.6	113	108.0	110	105.4	131	125.3
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	2	5.7	2	5.6	1	2.7	1	2.7	10	26.7
Butte	34	16.7	29	14.1	21	10.1	147	69.6	145	68.1
Calaveras	4	9.8	2	4.8	3	7.1	5	11.5	12	27.1
Colusa	3	15.8	5	26.0	1	5.1	5	24.9	6	29.2
Contra Costa	573	59.9	679	69.5	645	65.2	584	58.2	736	72.4
Del Norte	1	3.6	2	7.2	1	3.6	1	3.5	3	10.3
El Dorado	8	5.0	6	3.7	16	9.7	18	10.7	14	8.1
Fresno	712	88.5	785	95.7	1,089	130.0	1,151	134.2	1,154	131.6
Glenn	2	7.5	1	3.7	1	3.7	1	3.6	3	10.7
Humboldt	35	27.6	28	22.0	20	15.5	41	31.6	51	38.9
Imperial	23	16.0	43	29.4	62	41.3	41	26.5	43	27.0
Inyo	-	-	1	5.5	1	5.4	1	5.4	4	21.5
Kern	569	85.5	837	122.7	815	116.5	769	106.6	955	128.3
Kings	58	44.6	44	33.2	55	40.7	73	52.3	120	83.4
Lake	2	3.4	4	6.6	1	1.6	2	3.2	1	1.6
Lassen	2	5.9	2	5.9	2	5.9	4	11.6	9	25.3
Los Angeles	7,934	82.8	8,449	86.7	8,416	84.9	8,751	87.1	10,370	101.9
— Long Beach ¹	576	124.1	638	135.3	565	118.4	615	127.0	611	124.5
— Pasadena ¹	51	37.8	52	38.0	57	40.7	44	30.7	42	28.9
Madera	28	22.5	33	26.0	54	41.6	79	58.7	181	129.8
Marin	55	22.2	73	29.2	48	19.2	55	21.9	55	21.9
Mariposa	1	5.9	2	11.6	6	34.5	1	5.6	2	11.2
Mendocino	9	10.4	11	12.6	12	13.6	22	24.7	16	17.8
Merced	55	26.0	59	27.1	71	31.6	141	61.0	212	89.4
Modoc	1	10.4	1	10.5	-	-	-	-	-	-
Mono	1	7.7	1	7.6	-	-	-	-	1	7.4
Monterey	75	18.6	84	20.5	112	26.9	183	43.4	220	51.7
Napa	13	10.4	16	12.6	7	5.4	10	7.6	21	15.8
Nevada	5	5.4	7	7.4	2	2.1	6	6.2	11	11.1
Orange	568	19.8	664	22.8	686	23.2	920	30.6	761	25.0
Placer	22	8.7	22	8.3	28	10.1	57	19.6	54	17.8
Plumas	1	4.8	1	4.8	-	-	5	23.8	2	9.5
Riverside	438	28.1	637	39.3	731	43.3	702	39.7	712	38.6
Sacramento	1,308	106.0	1,168	91.8	1,447	111.0	1,738	130.4	1,955	143.7
San Benito	5	9.3	3	5.4	14	24.9	14	24.6	46	80.2
San Bernardino	1,075	62.4	1,277	72.0	1,514	83.4	1,810	96.8	1,919	99.4
San Diego	1,798	63.4	1,860	64.3	2,131	72.3	1,976	66.0	2,409	79.3
San Francisco	2,160	276.6	2,053	261.0	2,136	270.1	1,809	228.5	2,142	269.4
San Joaquin	468	82.2	523	88.4	645	106.0	630	100.5	831	128.6
San Luis Obispo	26	10.5	21	8.3	30	11.8	60	23.4	33	12.7
San Mateo	219	30.8	238	33.3	180	25.2	220	30.7	248	34.4
Santa Barbara	52	13.0	87	21.5	71	17.4	76	18.4	76	18.2
Santa Clara	446	26.3	546	31.9	502	29.2	726	41.9	1,038	59.3
Santa Cruz	42	16.4	47	18.2	32	12.4	62	24.0	76	29.2
Shasta	57	34.6	14	8.3	42	24.5	41	23.5	70	39.5
Sierra	2	54.9	-	-	-	-	-	-	-	-
Siskiyou	6	13.5	6	13.5	3	6.7	5	11.1	7	15.4
Solano	249	62.7	221	54.4	273	66.3	254	61.1	297	70.8
Sonoma	63	13.7	40	8.5	85	18.1	109	23.0	154	32.3
Stanislaus	234	51.9	204	43.7	160	33.4	292	59.6	529	105.8
Sutter	33	41.5	20	24.7	30	36.2	47	55.0	62	70.8
Tehama	5	8.9	2	3.5	2	3.5	2	3.4	13	21.7
Trinity	-	-	1	7.7	1	7.6	-	-	3	21.8
Tulare	85	23.0	94	25.0	147	38.2	199	50.4	392	96.7
Tuolumne	2	3.7	1	1.8	2	3.6	7	12.3	10	17.6
Ventura	95	12.5	139	17.9	169	21.4	149	18.6	135	16.6
Yolo	33	19.4	37	21.1	28	15.6	40	21.9	43	23.0
Yuba	31	51.3	11	17.8	27	42.8	48	74.5	63	95.1

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 12. Gonorrhea, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	30,258	82.7	13,667	75.0	16,495	90.8	96
Ages 0 - 9	23	0.4	17	0.7	6	0.2	0
10 - 14	341	12.1	296	21.5	44	3.0	1
15 - 19	6,207	230.8	4,295	329.0	1,898	137.1	14
20 - 24	8,222	315.7	4,280	347.6	3,924	285.7	18
25 - 29	5,241	210.5	2,160	180.7	3,066	236.9	15
30 - 34	3,436	125.4	1,119	83.9	2,304	163.8	13
35 - 44	4,621	81.5	1,060	38.0	3,543	122.9	18
45 +	1,915	15.7	347	5.4	1,562	27.2	6
Not Specified	252	-	93	-	148	-	11
Native American/Alaskan Native	101	36.5	43	30.4	58	42.8	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	4.1	1	8.3	0	0.0	0
15 - 19	16	67.2	10	85.2	6	49.7	0
20 - 24	33	151.6	15	141.0	18	161.6	0
25 - 29	16	88.0	6	66.6	10	109.1	0
30 - 34	14	75.2	6	63.4	8	87.5	0
35 - 44	12	27.3	4	17.7	8	37.4	0
45 +	8	8.6	0	0.0	8	18.5	0
Not Specified	1	-	1	-	0	-	0
Asian/Pacific Islander	696	16.7	304	14.1	389	19.3	3
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	4	1.5	3	2.3	1	0.7	0
15 - 19	92	32.2	64	46.5	27	18.3	1
20 - 24	205	67.6	111	74.8	94	60.6	0
25 - 29	126	42.7	39	26.2	87	59.6	0
30 - 34	113	32.7	44	24.8	69	41.2	0
35 - 44	109	15.7	26	7.2	81	24.4	2
45 +	40	2.7	15	1.9	25	3.7	0
Not Specified	7	-	2	-	5	-	0
African American/Black	7,861	324.2	3,715	301.7	4,136	346.4	10
Ages 0 - 9	4	1.2	3	1.8	1	0.6	0
10 - 14	131	58.6	110	99.9	21	18.5	0
15 - 19	2,194	1,028.7	1,484	1,430.5	707	645.5	3
20 - 24	2,258	1,240.9	1,150	1,335.9	1,107	1,154.6	1
25 - 29	1,206	776.4	482	617.5	724	936.9	0
30 - 34	702	410.1	199	226.6	500	600.0	3
35 - 44	912	228.2	212	105.8	697	349.9	3
45 +	419	56.7	59	14.8	360	105.5	0
Not Specified	35	-	16	-	19	-	0
Hispanic/Latino	6,028	47.0	2,915	46.6	3,104	47.4	9
Ages 0 - 9	6	0.2	5	0.4	1	0.1	0
10 - 14	58	4.5	51	8.1	6	0.9	1
15 - 19	1,230	108.5	820	149.2	409	70.1	1
20 - 24	1,911	167.3	994	188.8	917	148.9	0
25 - 29	1,250	107.2	530	98.4	717	114.3	3
30 - 34	669	57.3	244	44.4	424	68.7	1
35 - 44	682	34.9	199	21.2	481	47.4	2
45 +	184	7.4	56	4.3	127	10.9	1
Not Specified	38	-	16	-	22	-	0
White	5,514	34.5	1,986	24.6	3,519	44.5	9
Ages 0 - 9	3	0.2	2	0.3	1	0.1	0
10 - 14	42	4.5	40	8.9	2	0.4	0
15 - 19	709	73.7	521	111.6	188	38.0	0
20 - 24	1,220	136.3	631	147.1	585	125.6	4
25 - 29	879	108.4	318	80.0	559	135.3	2
30 - 34	728	73.0	183	37.5	544	106.8	1
35 - 44	1,329	53.1	214	17.5	1,114	87.1	1
45 +	580	7.9	70	1.8	509	14.7	1
Not Specified	24	-	7	-	17	-	0
Other/Multi/Unknown	10,058	-	4,704	-	5,289	-	65
Ages 0 - 9	10	-	7	-	3	-	0
10 - 14	105	-	91	-	14	-	0
15 - 19	1,966	-	1,396	-	561	-	9
20 - 24	2,595	-	1,379	-	1,203	-	13
25 - 29	1,764	-	785	-	969	-	10
30 - 34	1,210	-	443	-	759	-	8
35 - 44	1,577	-	405	-	1,162	-	10
45 +	684	-	147	-	533	-	4
Not Specified	147	-	51	-	85	-	11

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 13. Gonorrhea, Cases and Rates for Select Age Groups by Gender, California Counties and Selected City Health Jurisdictions, 2004

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	8,575	338.0	5,822	211.2	4,680	49.2	10,410	108.2
Alameda	590	607.6	333	324.2	261	59.2	591	138.9
— Berkeley ¹	27	220.6	27	211.7	12	42.1	65	231.6
Alpine	-	-	-	-	-	-	-	-
Amador	5	263.9	2	60.1	1	11.3	2	17.7
Butte	39	192.7	26	124.3	32	61.5	45	89.2
Calaveras	4	151.6	4	129.1	1	8.4	3	26.7
Colusa	2	117.4	1	48.7	1	21.0	2	40.2
Contra Costa	272	414.6	145	206.8	99	34.9	190	70.5
Del Norte	2	104.7	-	-	1	15.4	-	-
El Dorado	4	34.4	3	23.9	2	4.3	3	6.6
Fresno	438	591.6	237	294.0	219	107.2	226	105.6
Glenn	1	43.3	1	39.7	1	15.8	-	-
Humboldt	24	210.4	11	95.1	9	26.5	7	20.5
Imperial	14	109.3	5	34.9	5	14.1	18	43.4
Inyo	-	-	1	71.5	2	44.1	1	22.6
Kern	296	523.1	207	326.9	170	101.4	249	138.8
Kings	36	385.0	36	262.3	18	61.6	27	60.2
Lake	-	-	-	-	1	6.1	-	-
Lassen	2	98.2	3	69.3	2	30.0	2	14.0
Los Angeles	2,902	429.1	2,036	284.7	1,652	62.7	3,493	132.2
— Long Beach ¹	164	435.4	123	342.2	79	63.0	235	189.1
— Pasadena ¹	8	94.0	12	123.8	4	9.8	14	35.3
Madera	52	492.0	25	219.6	78	218.5	25	83.2
Marin	11	91.5	4	27.6	10	13.6	30	40.9
Mariposa	-	-	-	-	-	-	2	40.4
Mendocino	5	76.8	3	41.9	5	21.4	3	12.8
Merced	73	352.0	47	209.8	42	76.5	48	88.2
Modoc	-	-	-	-	-	-	-	-
Mono	1	136.8	-	-	-	-	-	-
Monterey	80	265.2	44	121.3	43	41.5	52	45.0
Napa	3	35.3	4	42.0	4	11.7	9	25.6
Nevada	5	72.9	1	12.8	2	7.5	3	12.1
Orange	170	84.1	157	72.2	137	16.7	289	35.1
Placer	16	86.2	16	80.4	6	7.6	16	21.1
Plumas	-	-	2	125.9	-	-	-	-
Riverside	184	136.1	134	93.3	136	31.1	248	56.9
Sacramento	694	702.1	407	393.9	278	76.1	526	149.9
San Benito	14	330.5	10	213.6	8	55.0	13	88.3
San Bernardino	646	419.0	427	248.3	336	70.3	486	102.7
San Diego	580	263.4	437	168.5	316	38.8	954	116.4
San Francisco	138	428.8	276	828.8	87	35.7	1,612	594.0
San Joaquin	291	562.7	185	318.9	139	88.5	196	124.8
San Luis Obispo	12	56.0	3	11.7	11	17.3	6	8.7
San Mateo	42	106.3	51	115.9	30	14.8	121	59.5
Santa Barbara	20	57.3	16	44.1	8	7.8	31	28.8
Santa Clara	265	256.1	186	166.8	168	35.8	402	79.9
Santa Cruz	20	101.3	17	84.1	10	14.0	29	39.1
Shasta	26	191.3	9	62.1	20	45.6	15	35.8
Sierra	-	-	-	-	-	-	-	-
Siskiyou	5	153.2	-	-	1	8.7	-	-
Solano	125	416.4	50	151.8	45	42.4	69	61.1
Sonoma	46	140.5	29	82.3	26	20.0	51	39.4
Stanislaus	183	448.4	106	249.7	89	72.3	138	114.0
Sutter	19	284.9	11	155.3	19	88.0	12	56.1
Tehama	6	133.5	1	20.1	2	14.5	4	29.5
Trinity	-	-	-	-	1	29.3	2	57.3
Tulare	131	388.3	72	197.5	92	99.5	88	93.7
Tuolumne	3	91.7	3	68.9	3	21.4	1	6.1
Ventura	49	93.4	19	33.4	28	13.0	38	17.7
Yolo	10	46.8	9	44.0	6	12.8	16	35.7
Yuba	19	374.3	10	184.5	17	110.4	16	101.5

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 14. Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive by Gender and Health Care Setting, California, 2004

Health Care Setting	Females			Males		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	168,164	654	0.4%	23,140	860	3.7%
Family Planning Clinics	37,592	295	0.8%	5,840	174	3.0%
College Sites	1,701	7	0.4%	702	10	1.4%
Teen Clinics	1,641	11	0.7%	400	11	2.8%
School-Based Sites	505	8	1.6%	161	2	1.2%
Juvenile Detention	5,867	243	4.1%	20,277	169	0.8%
STD Clinics	16,294	587	3.6%	32,514	2,212	6.8%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 15. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Females by Health Care Setting and Age Group, 2004

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	6	3	50.0%	7	3	42.9%	26	9	34.6%	20	14	70.0%
15-19	102	46	45.1%	156	73	46.8%	282	93	33.0%	221	109	49.3%
20-24	113	48	42.5%	211	86	40.8%	168	46	27.4%	1	1	100.0%
25-29	51	18	35.3%	87	29	33.3%	89	25	28.1%	0	0	0.0%
30-34	12	4	33.3%	43	9	20.9%	35	5	14.3%	0	0	0.0%
35+	10	2	20.0%	73	11	15.1%	53	2	3.8%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	294	121	41.2%	577	211	36.6%	653	180	27.6%	242	124	51.2%

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 16. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Males by Health Care Setting and Age Group, 2004

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	0	0	0.0%	2	2	100.0%	0	0	0.0%	8	2	25.0%
15-19	24	14	58.3%	201	97	48.3%	98	14	14.3%	161	97	60.2%
20-24	72	21	29.2%	485	160	33.0%	162	10	6.2%	0	0	0.0%
25-29	32	5	15.6%	457	103	22.5%	146	8	5.5%	0	0	0.0%
30-34	24	4	16.7%	331	59	17.8%	116	6	5.2%	0	0	0.0%
35+	21	3	14.3%	718	103	14.3%	330	18	5.5%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	173	47	27.2%	2,194	524	23.9%	852	56	6.6%	169	99	58.6%

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 17. Gonorrhea Prevalence Monitoring, Percent Positive by Health Care Setting, Gender, and Age Group California, 2004

Health Care Setting & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Family Planning Clinics	43,432	469	1.1%	37,592	295	0.8%	5,840	174	3.0%
Ages 0 - 9	3	0	0.0%	3	0	0.0%	0	0	0.0%
10 - 14	351	6	1.7%	317	6	1.9%	34	0	0.0%
15 - 19	10,789	126	1.2%	9,654	102	1.1%	1,135	24	2.1%
20 - 24	13,937	187	1.3%	12,025	114	0.9%	1,912	73	3.8%
25 - 29	7,491	83	1.1%	6,438	51	0.8%	1,053	32	3.0%
30 - 34	4,383	36	0.8%	3,805	12	0.3%	578	24	4.2%
35 +	6,447	31	0.5%	5,326	10	0.2%	1,121	21	1.9%
Not Specified	31	0	0.0%	24	0	0.0%	7	0	0.0%
STD Clinics	48,808	2,799	5.7%	16,294	587	3.6%	32,514	2,212	6.8%
Ages 0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	99	9	9.1%	75	7	9.3%	24	2	8.3%
15 - 19	4,165	361	8.7%	2,372	159	6.7%	1,793	202	11.3%
20 - 24	10,589	703	6.6%	4,482	215	4.8%	6,107	488	8.0%
25 - 29	9,747	553	5.7%	3,160	88	2.8%	6,587	465	7.1%
30 - 34	7,308	376	5.1%	1,900	43	2.3%	5,408	333	6.2%
35 +	16,896	797	4.7%	4,304	75	1.7%	12,592	722	5.7%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%
Managed Care Organization	191,304	1,514	0.8%	168,164	654	0.4%	23,140	860	3.7%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2,438	26	1.1%	2,114	26	1.2%	324	0	0.0%
15 - 19	39,227	381	1.0%	35,229	283	0.8%	3,998	98	2.5%
20 - 24	56,160	330	0.6%	51,964	168	0.3%	4,196	162	3.9%
25 - 29	36,884	237	0.6%	33,406	89	0.3%	3,478	148	4.3%
30 - 34	21,470	151	0.7%	18,474	35	0.2%	2,996	116	3.9%
35 +	35,125	389	1.1%	26,977	53	0.2%	8,148	336	4.1%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Juvenile Hall Facilities	26,144	412	1.6%	5,867	243	4.1%	20,277	169	0.8%
Ages 0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	3,160	28	0.9%	772	20	2.6%	2,388	8	0.3%
15 - 19	22,856	383	1.7%	5,074	222	4.4%	17,782	161	0.9%
20 - 24	97	1	1.0%	13	1	7.7%	84	0	0.0%
25 - 29	0	0	0.0%	0	0	0.0%	0	0	0.0%
30 - 34	0	0	0.0%	0	0	0.0%	0	0	0.0%
35 +	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	27	0	0.0%	8	0	0.0%	19	0	0.0%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 18. Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2000–2004

CLINIC SITE	2000		2001		2002		2003		2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTALS										
Total Specimens	722		760		804		1,006		1,082	
No Resistance	500	69.3	563	74.1	617	76.7	697	69.3	809	74.8
Ciprofloxacin-Resistant	8	1.1	21	2.8	87	10.8	186	18.5	220	20.3
Ciprofloxacin Decreased Susceptibility	30	4.2	58	7.6	33	4.1	17	1.7	18	1.7
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	222	30.7	197	25.9	187	23.3	309	30.7	273	25.2
Long Beach										
Total Specimens	93		99		97		93		100	
No Resistance	65	69.9	82	82.8	76	78.4	71	76.3	77	77.0
Ciprofloxacin-Resistant	0	0.0	3	3.0	7	7.2	161	173.1	183	183.0
Ciprofloxacin Decreased Susceptibility	0	0.0	1	1.0	1	1.0	16	17.2	17	17.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	28	30.1	17	17.2	21	21.6	22	23.7	23	23.0
Los Angeles										
Total Specimens							202		268	
No Resistance							143	70.8	226	84.3
Ciprofloxacin-Resistant							18	8.9	25	9.3
Ciprofloxacin Decreased Susceptibility							1	0.5	0	0.0
Cefixime Decreased Susceptibility							0	0.0	2	0.7
Ceftriaxone Decreased Susceptibility							0	0.0	0	0.0
Other Drug Resistance*							59	29.2	42	15.7
Orange										
Total Specimens	107		129		175		178		161	
No Resistance	77	72.0	95	73.6	134	76.6	109	61.2	104	64.6
Ciprofloxacin-Resistant	6	5.6	3	2.3	20	11.4	25	14.0	37	23.0
Ciprofloxacin Decreased Susceptibility	0	0.0	2	1.6	1	0.6	1	0.6	1	0.6
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	30	28.0	34	26.4	41	23.4	69	38.8	57	35.4
San Diego										
Total Specimens	228		235		249		257		253	
No Resistance	161	70.6	197	83.8	167	67.1	175	68.1	196	77.5
Ciprofloxacin-Resistant	1	0.4	5	2.1	41	16.5	56	21.8	33	13.0
Ciprofloxacin Decreased Susceptibility	1	0.4	4	1.7	3	1.2	1	0.4	3	1.2
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	67	29.4	38	16.2	82	32.9	82	31.9	57	22.5
San Francisco										
Total Specimens	294		297		283		276		300	
No Resistance	197	67.0	189	63.6	240	84.8	199	72.1	206	68.7
Ciprofloxacin-Resistant	1	0.3	10	3.4	19	6.7	34	12.3	52	17.3
Ciprofloxacin Decreased Susceptibility	29	9.9	51	17.2	28	9.9	4	1.4	2	0.7
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	97	33.0	108	36.4	43	15.2	77	27.9	94	31.3

* Other Drug Resistance includes penicillin and tetracycline.

Note: Totaling the types of resistance may add to more than total specimens, due to multi-drug-resistant specimens.

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 19. Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1995–2004

CLINIC SITE	Ciprofloxacin					
	Resistant (MIC > = 1)		Decreased Susceptibility (MIC 0.125 - 0.50)		No Resistance (MIC < = 0.06)	
	Number	Percent	Number	Percent	Number	Percent
TOTAL 2004	220	20.3	18	1.7	844	78.0
Total excluding Los Angeles	183	22.5	17	2.1	614	75.4
Long Beach	25	25.0	0	0.0	75	75.0
Los Angeles	37	13.8	1	0.4	230	85.8
Orange	33	20.5	3	1.9	125	77.6
San Diego	52	20.6	2	0.8	199	78.7
San Francisco	73	24.3	12	4.0	215	71.7
TOTAL 2003	186	18.5	17	1.7	803	79.8
Total excluding Los Angeles	161	20.0	16	2.0	627	78.0
Long Beach	18	19.4	1	1.1	74	79.6
Los Angeles	25	12.4	1	0.5	176	87.1
Orange	56	31.5	1	0.6	121	68.0
San Diego	34	13.2	4	1.6	219	85.2
San Francisco	53	19.2	10	3.6	213	77.2
TOTAL 2002	87	10.8	33	4.1	684	85.1
Long Beach	7	7.2	1	1.0	89	91.8
Orange	20	11.4	1	0.6	154	88.0
San Diego	41	16.5	3	1.2	205	82.3
San Francisco	19	6.7	28	9.9	236	83.4
TOTAL 2001	21	2.8	58	7.6	681	89.6
Long Beach	3	3.0	1	1.0	95	96.0
Orange	3	2.3	2	1.6	124	96.1
San Diego	5	2.1	4	1.7	226	96.2
San Francisco	10	3.4	51	17.2	236	79.5
TOTAL 2000	8	1.1	30	4.2	684	94.7
Long Beach	0	0.0	0	0.0	93	100.0
Orange	6	5.6	0	0.0	101	94.4
San Diego	1	0.4	1	0.4	226	99.1
San Francisco	1	0.3	29	9.9	264	89.8
TOTAL 1999	4	0.6	4	0.6	693	98.9
Long Beach	0	0.0	0	0.0	83	100.0
Orange	1	0.8	0	0.0	128	99.2
San Diego	2	1.0	1	0.5	189	98.4
San Francisco	1	0.3	3	1.0	293	98.7
TOTAL 1998	1	0.2	1	0.2	652	99.7
Long Beach	0	0.0	0	0.0	118	100.0
Orange	0	0.0	0	0.0	117	100.0
San Diego	0	0.0	0	0.0	179	100.0
San Francisco	1	0.4	1	0.4	238	99.2
TOTAL 1997	2	0.3	2	0.3	705	99.4
Long Beach	0	0.0	1	0.6	162	99.4
Orange	0	0.0	0	0.0	94	100.0
San Diego	2	0.9	0	0.0	210	99.1
San Francisco	0	0.0	1	0.4	239	99.6
TOTAL 1996	0	0.0	2	0.3	725	99.7
Long Beach	0	0.0	0	0.0	129	100.0
Orange	0	0.0	1	0.7	137	99.3
San Diego	0	0.0	0	0.0	220	100.0
San Francisco	0	0.0	1	0.4	239	99.6
TOTAL 1995	1	0.1	7	0.8	833	99.0
Long Beach	0	0.0	1	0.5	216	99.5
Orange	0	0.0	2	1.4	142	98.6
San Diego	0	0.0	2	0.8	238	99.2
San Francisco	1	0.4	2	0.8	237	98.8

Note: MIC = Minimum Inhibitory Concentration

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 20. Primary and Secondary Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	326	1.0	546	1.6	1,045	3.0	1,293	3.6	1,358	3.7
Alameda	11	0.8	27	1.8	56	3.8	38	2.5	48	3.2
— Berkeley ¹	-	-	3	2.9	4	3.8	4	3.8	7	6.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	1	0.5	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	1	0.1	12	1.2	11	1.1	18	1.8	12	1.2
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	1	0.6	-	-	-	-
Fresno	4	0.5	4	0.5	3	0.4	8	0.9	4	0.5
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	1	0.8
Imperial	-	-	-	-	-	-	2	1.3	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	7	1.1	9	1.3	8	1.1	3	0.4	2	0.3
Kings	-	-	3	2.3	1	0.7	1	0.7	-	-
Lake	-	-	-	-	-	-	-	-	1	1.6
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	151	1.6	212	2.2	409	4.1	519	5.2	506	5.0
— Long Beach ¹	19	4.1	21	4.5	38	8.0	59	12.2	34	6.9
— Pasadena ¹	-	-	4	2.9	6	4.3	5	3.5	8	5.5
Madera	-	-	-	-	1	0.8	-	-	-	-
Marin	1	0.4	5	2.0	5	2.0	3	1.2	-	-
Mariposa	1	5.9	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	3	3.3
Merced	10	4.7	5	2.3	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	2	0.5	1	0.2	6	1.4	3	0.7	1	0.2
Napa	-	-	1	0.8	-	-	-	-	2	1.5
Nevada	1	1.1	-	-	-	-	-	-	-	-
Orange	26	0.9	40	1.4	30	1.0	38	1.3	45	1.5
Placer	-	-	2	0.8	2	0.7	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	6	0.4	17	1.0	57	3.4	74	4.2	82	4.4
Sacramento	1	0.1	4	0.3	11	0.8	17	1.3	18	1.3
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	10	0.6	5	0.3	8	0.4	16	0.9	21	1.1
San Diego	27	1.0	27	0.9	38	1.3	110	3.7	137	4.5
San Francisco	53	6.8	138	17.5	316	40.0	334	42.2	349	43.9
San Joaquin	1	0.2	3	0.5	7	1.2	2	0.3	10	1.5
San Luis Obispo	-	-	-	-	1	0.4	2	0.8	2	0.8
San Mateo	2	0.3	9	1.3	15	2.1	17	2.4	17	2.4
Santa Barbara	1	0.2	3	0.7	1	0.2	2	0.5	2	0.5
Santa Clara	2	0.1	10	0.6	30	1.7	54	3.1	56	3.2
Santa Cruz	-	-	-	-	4	1.5	7	2.7	4	1.5
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	3	0.8	-	-	3	0.7	2	0.5	3	0.7
Sonoma	2	0.4	-	-	17	3.6	11	2.3	8	1.7
Stanislaus	1	0.2	5	1.1	2	0.4	5	1.0	13	2.6
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	0.3	-	-	-	-	3	0.8	2	0.5
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	1	0.1	1	0.1	2	0.3	2	0.3	8	1.0
Yolo	-	-	1	0.6	-	-	2	1.1	1	0.5
Yuba	-	-	1	1.6	-	-	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 21. Primary and Secondary Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	1,358	3.7	64	0.4	1,292	7.1	2
Ages 0 - 9	1	a	0	0.0	1	a	0
10 - 14	3	0.1	2	0.1	1	0.1	0
15 - 19	20	0.7	8	0.6	12	0.9	0
20 - 24	103	4.0	12	1.0	91	6.6	0
25 - 29	175	7.0	9	0.8	165	12.7	1
30 - 34	214	7.8	12	0.9	202	14.4	0
35 - 44	587	10.3	13	0.5	573	19.9	1
45 +	255	2.1	8	0.1	247	4.3	0
Not Specified	0	-	0	-	0	-	0
Native American/Alaskan Native	9	3.3	0	0.0	9	6.6	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	2	9.2	0	0.0	2	18.0	0
25 - 29	1	5.5	0	0.0	1	10.9	0
30 - 34	2	10.7	0	0.0	2	21.9	0
35 - 44	3	6.8	0	0.0	3	14.0	0
45 +	1	1.1	0	0.0	1	2.3	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	77	1.8	2	0.1	75	3.7	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	2	0.7	0	0.0	2	1.4	0
20 - 24	7	2.3	1	0.7	6	3.9	0
25 - 29	14	4.7	0	0.0	14	9.6	0
30 - 34	12	3.5	0	0.0	12	7.2	0
35 - 44	34	4.9	0	0.0	34	10.2	0
45 +	8	0.5	1	0.1	7	1.0	0
Not Specified	0	-	0	-	0	-	0
African American/Black	153	6.3	24	1.9	129	10.8	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	2	0.9	1	0.9	1	0.9	0
15 - 19	4	1.9	3	2.9	1	0.9	0
20 - 24	12	6.6	4	4.6	8	8.3	0
25 - 29	19	12.2	3	3.8	16	20.7	0
30 - 34	27	15.8	3	3.4	24	28.8	0
35 - 44	59	14.8	7	3.5	52	26.1	0
45 +	30	4.1	3	0.8	27	7.9	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	361	2.8	23	0.4	337	5.1	1
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.1	1	0.2	0	0.0	0
15 - 19	14	1.2	5	0.9	9	1.5	0
20 - 24	51	4.5	4	0.8	47	7.6	0
25 - 29	75	6.4	3	0.6	71	11.3	1
30 - 34	70	6.0	5	0.9	65	10.5	0
35 - 44	120	6.1	3	0.3	117	11.5	0
45 +	30	1.2	2	0.2	28	2.4	0
Not Specified	0	-	0	-	0	-	0
White	717	4.5	13	0.2	703	8.9	1
Ages 0 - 9	1	0.1	0	0.0	1	0.1	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	26	2.9	2	0.5	24	5.2	0
25 - 29	63	7.8	3	0.8	60	14.5	0
30 - 34	99	9.9	4	0.8	95	18.6	0
35 - 44	352	14.1	3	0.2	348	27.2	1
45 +	176	2.4	1	a	175	5.1	0
Not Specified	0	-	0	-	0	-	0
Other/Multi/Unknown	41	-	2	-	39	-	0
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	5	-	1	-	4	-	0
25 - 29	3	-	0	-	3	-	0
30 - 34	4	-	0	-	4	-	0
35 - 44	19	-	0	-	19	-	0
45 +	10	-	1	-	9	-	0
Not Specified	0	-	0	-	0	-	0

a: Fewer than 0.05 per 100,000.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 22. Early Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	355	1.0	413	1.2	721	2.0	818	2.3	872	2.4
Alameda	5	0.3	12	0.8	13	0.9	28	1.9	19	1.3
— Berkeley ¹	-	-	-	-	1	1.0	1	1.0	3	2.9
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	3	0.3	9	0.9	11	1.1	4	0.4	10	1.0
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	2	1.3	-	-	-	-	-	-	-	-
Fresno	17	2.1	15	1.8	3	0.4	9	1.0	5	0.6
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	1	0.8	-	-	-	-
Imperial	-	-	-	-	-	-	1	0.6	1	0.6
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	9	1.4	11	1.6	4	0.6	7	1.0	3	0.4
Kings	4	3.1	1	0.8	-	-	2	1.4	1	0.7
Lake	1	1.7	-	-	-	-	1	1.6	1	1.6
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	203	2.1	220	2.3	368	3.7	408	4.1	417	4.1
— Long Beach ¹	14	3.0	10	2.1	18	3.8	19	3.9	23	4.7
— Pasadena ¹	-	-	3	2.2	1	0.7	6	4.2	3	2.1
Madera	1	0.8	1	0.8	-	-	-	-	-	-
Marin	-	-	1	0.4	2	0.8	1	0.4	2	0.8
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	1	1.1
Merced	12	5.7	2	0.9	-	-	2	0.9	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.2	2	0.5	3	0.7	2	0.5	3	0.7
Napa	-	-	1	0.8	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	2	2.0
Orange	19	0.7	26	0.9	24	0.8	26	0.9	28	0.9
Placer	-	-	1	0.4	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	12	0.8	9	0.6	32	1.9	29	1.6	34	1.8
Sacramento	2	0.2	6	0.5	8	0.6	4	0.3	6	0.4
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	5	0.3	2	0.1	6	0.3	4	0.2	6	0.3
San Diego	10	0.4	17	0.6	34	1.2	40	1.3	84	2.8
San Francisco	18	2.3	47	6.0	177	22.4	193	24.4	201	25.3
San Joaquin	12	2.1	4	0.7	12	2.0	7	1.1	4	0.6
San Luis Obispo	-	-	-	-	-	-	1	0.4	2	0.8
San Mateo	2	0.3	1	0.1	6	0.8	5	0.7	2	0.3
Santa Barbara	1	0.2	-	-	-	-	1	0.2	-	-
Santa Clara	4	0.2	11	0.6	11	0.6	20	1.2	13	0.7
Santa Cruz	1	0.4	2	0.8	-	-	5	1.9	5	1.9
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	1	0.2	-	-	5	1.2	6	1.4
Sonoma	-	-	6	1.3	1	0.2	2	0.4	2	0.4
Stanislaus	8	1.8	2	0.4	1	0.2	4	0.8	1	0.2
Sutter	-	-	-	-	1	1.2	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	3	0.8	-	-	-	-	1	0.3	4	1.0
Tuolumne	-	-	-	-	-	-	1	1.8	1	1.8
Ventura	-	-	3	0.4	3	0.4	4	0.5	3	0.4
Yolo	-	-	-	-	-	-	1	0.5	5	2.7
Yuba	-	-	-	-	-	-	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 23. Early Latent Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2004

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
Total	872	2.4	93	0.5	776	4.3	3
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	29	1.1	16	1.2	13	0.9	0
20 - 24	107	4.1	19	1.5	88	6.4	0
25 - 29	102	4.1	24	2.0	78	6.0	0
30 - 34	127	4.6	8	0.6	117	8.3	2
35 - 44	342	6.0	16	0.6	326	11.3	0
45 +	162	1.3	10	0.2	151	2.6	1
Not Specified	3	-	0	-	3	-	0
Native American/Alaskan Native	4	1.4	0	0.0	4	3.0	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	2	9.2	0	0.0	2	18.0	0
25 - 29	1	5.5	0	0.0	1	10.9	0
30 - 34	1	5.4	0	0.0	1	10.9	0
35 - 44	0	0.0	0	0.0	0	0.0	0
45 +	0	0.0	0	0.0	0	0.0	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	34	0.8	6	0.3	27	1.3	1
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	0.4	1	0.7	0	0.0	0
20 - 24	3	1.0	1	0.7	2	1.3	0
25 - 29	4	1.4	2	1.3	2	1.4	0
30 - 34	11	3.2	1	0.6	9	5.4	1
35 - 44	11	1.6	1	0.3	10	3.0	0
45 +	4	0.3	0	0.0	4	0.6	0
Not Specified	0	-	0	-	0	-	0
African American/Black	122	5.0	26	2.1	96	8.0	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	4	1.9	3	2.9	1	0.9	0
20 - 24	24	13.2	8	9.3	16	16.7	0
25 - 29	14	9.0	4	5.1	10	12.9	0
30 - 34	11	6.4	4	4.6	7	8.4	0
35 - 44	46	11.5	5	2.5	41	20.6	0
45 +	23	3.1	2	0.5	21	6.2	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	322	2.5	51	0.8	270	4.1	1
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	17	1.5	11	2.0	6	1.0	0
20 - 24	52	4.6	9	1.7	43	7.0	0
25 - 29	61	5.2	17	3.2	44	7.0	0
30 - 34	46	3.9	2	0.4	44	7.1	0
35 - 44	114	5.8	8	0.9	106	10.4	0
45 +	31	1.3	4	0.3	26	2.2	1
Not Specified	1	-	0	-	1	-	0
White	362	2.3	9	0.1	353	4.5	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	5	0.5	1	0.2	4	0.8	0
20 - 24	23	2.6	1	0.2	22	4.7	0
25 - 29	21	2.6	1	0.3	20	4.8	0
30 - 34	51	5.1	1	0.2	50	9.8	0
35 - 44	160	6.4	2	0.2	158	12.4	0
45 +	100	1.4	3	0.1	97	2.8	0
Not Specified	2	-	0	-	2	-	0
Other/Multi/Unknown	28	-	1	-	26	-	1
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	2	-	0	-	2	-	0
20 - 24	3	-	0	-	3	-	0
25 - 29	1	-	0	-	1	-	0
30 - 34	7	-	0	-	6	-	1
35 - 44	11	-	0	-	11	-	0
45 +	4	-	1	-	3	-	0
Not Specified	0	-	0	-	0	-	0

a: Fewer than 0.05 per 100,000.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 24. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	2,618	7.7	2,145	6.2	2,150	6.1	2,015	5.6	2,298	6.3
Alameda	81	5.6	74	5.0	125	8.4	111	7.4	91	6.1
— Berkeley ¹	4	3.9	5	4.8	5	4.8	2	1.9	5	4.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	4	2.0	1	0.5	-	-	-	-	1	0.5
Calaveras	1	2.5	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	1	4.9
Contra Costa	10	1.0	24	2.5	5	0.5	8	0.8	2	0.2
Del Norte	-	-	-	-	-	-	1	3.5	1	3.4
El Dorado	1	0.6	-	-	1	0.6	-	-	-	-
Fresno	58	7.2	41	5.0	53	6.3	61	7.1	35	4.0
Glenn	1	3.8	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	1	0.8	-	-	1	0.8
Imperial	3	2.1	5	3.4	4	2.7	8	5.2	8	5.0
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	52	7.8	51	7.5	77	11.0	57	7.9	57	7.7
Kings	7	5.4	1	0.8	1	0.7	1	0.7	4	2.8
Lake	-	-	-	-	1	1.6	-	-	-	-
Lassen	1	2.9	1	3.0	3	8.8	-	-	-	-
Los Angeles	1,560	16.3	1,086	11.1	980	9.9	927	9.2	1,248	12.3
— Long Beach ¹	55	11.8	68	14.4	74	15.5	52	10.7	55	11.2
— Pasadena ¹	9	6.7	13	9.5	10	7.1	6	4.2	7	4.8
Madera	10	8.0	13	10.2	9	6.9	3	2.2	2	1.4
Marin	11	4.4	3	1.2	6	2.4	5	2.0	4	1.6
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	1	1.1
Merced	5	2.4	5	2.3	5	2.2	5	2.2	6	2.5
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	10	2.5	13	3.2	7	1.7	13	3.1	5	1.2
Napa	1	0.8	3	2.4	3	2.3	4	3.1	1	0.8
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	168	5.9	176	6.0	270	9.1	196	6.5	207	6.8
Placer	-	-	3	1.1	3	1.1	-	-	1	0.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	42	2.7	65	4.0	77	4.6	65	3.7	71	3.8
Sacramento	33	2.7	31	2.4	18	1.4	11	0.8	31	2.3
San Benito	3	5.6	-	-	1	1.8	2	3.5	1	1.7
San Bernardino	117	6.8	113	6.4	105	5.8	122	6.5	103	5.3
San Diego	194	6.8	102	3.5	95	3.2	138	4.6	124	4.1
San Francisco	91	11.7	114	14.5	116	14.7	132	16.7	159	20.0
San Joaquin	20	3.5	24	4.1	11	1.8	17	2.7	7	1.1
San Luis Obispo	5	2.0	-	-	7	2.8	1	0.4	9	3.5
San Mateo	16	2.3	28	3.9	22	3.1	7	1.0	2	0.3
Santa Barbara	12	3.0	15	3.7	15	3.7	14	3.4	6	1.4
Santa Clara	38	2.2	75	4.4	48	2.8	56	3.2	38	2.2
Santa Cruz	7	2.7	4	1.6	3	1.2	4	1.5	2	0.8
Shasta	2	1.2	1	0.6	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	3	0.8	1	0.2	3	0.7	2	0.5	1	0.2
Sonoma	1	0.2	3	0.6	-	-	2	0.4	3	0.6
Stanislaus	4	0.9	9	1.9	9	1.9	6	1.2	12	2.4
Sutter	2	2.5	1	1.2	2	2.4	-	-	2	2.3
Tehama	1	1.8	1	1.8	1	1.7	-	-	2	3.3
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	12	3.2	14	3.7	6	1.6	11	2.8	13	3.2
Tuolumne	2	3.7	-	-	1	1.8	-	-	-	-
Ventura	27	3.6	44	5.7	51	6.5	25	3.1	35	4.3
Yolo	2	1.2	-	-	3	1.7	-	-	1	0.5
Yuba	-	-	-	-	2	3.2	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 25. Congenital Syphilis in Infants less than One Year of Age, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	82	15.4	62	11.8	49	9.3	69	12.8	64	11.7
Alameda	3	13.5	4	18.2	-	-	4	18.5	1	4.8
— Berkeley ¹	-	-	-	-	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	3	22.7	1	7.6	1	7.5	2	15.1	-	-
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	4	28.0	2	14.0	-	-	3	19.5	2	12.6
Glenn	-	-	-	-	-	-	-	-	1	251.3
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	1	38.9	1	38.5	-	-	1	34.4	3	104.9
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	3	25.7	4	34.1	1	8.2	1	7.8	3	22.3
Kings	-	-	-	-	-	-	-	-	1	39.2
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	42	26.7	30	19.5	28	18.5	30	19.7	28	18.5
— Long Beach ¹	2	23.8	2	24.4	1	12.6	-	-	2	25.4
— Pasadena ¹	-	-	-	-	-	-	-	-	1	44.0
Madera	-	-	-	-	-	-	-	-	-	-
Marin	-	-	2	69.8	-	-	-	-	-	-
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	1	13.5	-	-
Napa	-	-	1	63.9	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	6	12.8	2	4.4	5	11.2	2	4.4	6	13.3
Placer	-	-	-	-	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	3	12.1	2	7.9	1	3.7	4	14.3	1	3.4
Sacramento	2	11.0	-	-	-	-	-	-	1	4.8
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	2	7.0	-	-	-	-	3	9.7	1	3.1
San Diego	3	6.8	7	16.0	3	6.8	10	22.0	7	15.3
San Francisco	1	11.6	1	12.1	-	-	-	-	1	11.7
San Joaquin	5	52.1	1	10.2	4	39.4	-	-	-	-
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	-	-	-	-	-	-	-	-	-	-
Santa Barbara	-	-	1	17.8	1	17.6	1	17.2	1	16.1
Santa Clara	1	3.6	2	7.4	3	11.1	6	22.2	5	18.8
Santa Cruz	-	-	-	-	-	-	-	-	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	-	-	-	-	-	-	-	-
Sonoma	-	-	-	-	-	-	-	-	-	-
Stanislaus	2	27.6	-	-	1	12.6	1	12.5	-	-
Sutter	-	-	-	-	-	-	-	-	1	74.5
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	13.8	1	13.7	-	-	-	-	1	12.6
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	-	-	1	8.6	-	-	-	-
Yolo	-	-	-	-	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 live births.

Source: California Department of Health Services, STD Control Branch

Table 26. Congenital Syphilis in Infants less than One Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 1995–2004

RACE/ETHNICITY AND GENDER	NUMBER OF CASES									
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
California	350	191	174	116	92	82	62	49	69	64
Native American/Alaskan Native	0	0	1	0	1	0	0	1	0	1
Asian/Pacific Islander	13	17	10	4	3	5	1	1	5	2
African American/Black	133	63	51	39	24	13	10	8	14	11
Hispanic/Latina	152	90	96	62	46	58	45	34	45	43
White	26	12	15	11	15	6	6	4	5	6
Other/Not Specified	26	9	1	0	3	0	0	1	0	1

RACE/ETHNICITY AND GENDER	RATE PER 100,000 LIVE BIRTHS									
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
California	63.5	35.5	33.2	22.3	17.8	15.4	11.8	9.3	12.8	11.7
Native American/Alaskan Native	0.0	0.0	38.7	0.0	40.0	0.0	0.0	50.9	0.0	48.2
Asian/Pacific Islander	22.7	29.9	17.7	7.2	5.3	8.2	1.7	1.6	7.8	3.1
African American/Black	339.6	170.1	141.8	110.8	70.3	40.2	32.3	26.8	47.9	38.4
Hispanic/Latina	59.9	35.3	38.6	25.0	18.5	22.5	17.2	12.9	16.7	15.6
White	13.2	6.5	8.4	6.2	8.7	3.6	3.7	2.5	3.1	3.8

Source: California Department of Health Services, STD Control Branch

Table 27. Pelvic Inflammatory Disease, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	1,507	8.8	1,399	8.0	1,459	8.2	1,243	6.9	1,207	6.6
Alameda	108	14.6	71	9.4	69	9.1	48	6.3	108	14.0
— Berkeley ¹	6	11.4	2	3.8	3	5.6	-	-	4	7.5
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	1	6.1	-	-	-	-
Butte	2	1.9	-	-	-	-	4	3.7	4	3.7
Calaveras	-	-	2	9.6	-	-	2	9.1	3	13.4
Colusa	3	32.2	1	10.6	-	-	-	-	-	-
Contra Costa	91	18.6	160	32.0	189	37.3	77	15.0	27	5.2
Del Norte	-	-	-	-	-	-	1	7.8	-	-
El Dorado	6	7.5	3	3.7	1	1.2	4	4.7	2	2.3
Fresno	11	2.7	14	3.4	48	11.6	50	11.8	87	20.3
Glenn	-	-	1	7.6	-	-	1	7.3	1	7.2
Humboldt	14	21.8	14	21.7	12	18.5	14	21.4	5	7.6
Imperial	17	24.8	7	10.0	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	64	19.8	102	30.8	127	37.3	124	35.3	123	34.4
Kings	1	1.8	3	5.3	3	5.2	1	1.7	-	-
Lake	2	6.7	-	-	3	9.7	-	-	1	3.1
Lassen	-	-	1	7.9	-	-	-	-	1	7.6
Los Angeles	372	7.7	334	6.8	322	6.5	294	5.8	300	5.9
— Long Beach ¹	30	12.7	22	9.2	11	4.5	15	6.1	9	3.6
— Pasadena ¹	1	1.5	2	2.9	-	-	1	1.4	-	-
Madera	3	4.6	1	1.5	-	-	2	2.9	4	5.6
Marin	36	28.7	22	17.5	8	6.4	21	16.7	15	11.9
Mariposa	-	-	2	23.9	2	23.2	1	11.4	-	-
Mendocino	4	9.2	2	4.6	4	9.0	8	17.9	-	-
Merced	5	4.7	-	-	2	1.8	7	6.1	5	4.2
Modoc	-	-	3	63.8	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	15	7.7	5	2.5	6	3.0	6	3.0	14	6.8
Napa	1	1.6	1	1.6	-	-	-	-	-	-
Nevada	7	15.0	2	4.2	6	12.3	5	10.2	2	4.0
Orange	68	4.7	60	4.1	62	4.2	38	2.5	46	3.0
Placer	31	24.4	49	36.7	29	20.8	12	8.2	5	3.3
Plumas	-	-	1	9.5	-	-	-	-	-	-
Riverside	18	2.3	15	1.8	22	2.6	40	4.5	14	1.5
Sacramento	59	9.4	58	9.0	118	17.7	91	13.4	51	7.3
San Benito	2	7.5	2	7.3	1	3.6	-	-	1	3.5
San Bernardino	88	10.2	59	6.7	19	2.1	36	3.8	50	5.3
San Diego	61	4.3	61	4.2	80	5.5	71	4.8	41	2.7
San Francisco	52	13.6	40	10.4	37	9.6	64	16.6	58	14.9
San Joaquin	33	11.6	21	7.1	47	15.5	44	14.1	22	6.9
San Luis Obispo	-	-	-	-	-	-	-	-	2	1.6
San Mateo	32	8.9	18	5.0	20	5.6	6	1.7	15	4.2
Santa Barbara	3	1.5	2	1.0	4	2.0	5	2.4	3	1.4
Santa Clara	31	3.7	29	3.4	25	3.0	22	2.6	21	2.5
Santa Cruz	48	37.3	48	37.2	41	31.6	22	17.0	34	26.1
Shasta	3	3.6	1	1.2	4	4.6	1	1.1	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	7	30.7	5	22.1	3	13.2	2	8.7	2	8.7
Solano	9	4.6	5	2.5	7	3.4	3	1.5	8	3.8
Sonoma	20	8.5	6	2.5	10	4.2	9	3.8	16	6.6
Stanislaus	97	42.5	84	35.7	35	14.5	23	9.3	29	11.5
Sutter	12	29.9	6	14.7	8	19.2	10	23.4	13	29.8
Tehama	3	10.6	12	42.0	7	24.0	-	-	2	6.7
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	52	28.2	54	28.8	56	29.3	51	26.0	44	22.0
Tuolumne	-	-	-	-	-	-	1	3.7	2	7.3
Ventura	7	1.8	3	0.8	7	1.8	14	3.5	13	3.2
Yolo	-	-	5	5.6	2	2.2	-	-	4	4.1
Yuba	9	29.9	4	13.1	12	38.4	8	25.1	9	27.6

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 females.

Source: California Department of Health Services, STD Control Branch

Table 28. Non-Gonococcal Urethritis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	2000		2001		2002		2003		2004	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	4,789	28.2	4,399	25.4	4,248	24.1	3,874	21.6	3,862	21.3
Alameda	259	36.4	354	48.9	270	37.0	306	41.7	265	35.6
— Berkeley ¹	17	33.4	41	80.0	35	68.1	25	48.8	11	21.4
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	20	4.3	30	6.3	31	6.4	42	8.6	20	4.0
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	1	1.2	1	1.2
Fresno	3	0.7	1	0.2	5	1.2	2	0.5	-	-
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	4	6.4	1	1.6	1	1.6	-	-	3	4.6
Imperial	-	-	-	-	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	226	66.3	186	53.4	83	23.2	62	16.9	43	11.5
Kings	31	41.6	33	43.5	19	24.6	23	29.0	14	17.4
Lake	-	-	-	-	2	6.6	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	1,704	36.1	1,537	31.9	1,535	31.3	1,500	30.1	1,610	32.1
— Long Beach ¹	123	53.9	98	42.3	131	55.9	96	40.4	130	53.9
— Pasadena ¹	4	6.1	10	15.0	10	14.6	9	12.9	7	9.9
Madera	-	-	-	-	-	-	-	-	-	-
Marin	101	82.0	114	92.0	103	82.9	102	82.0	99	79.4
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	2	4.6	2	4.5	-	-	-	-
Merced	6	5.7	-	-	-	-	-	-	2	1.7
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	-	-
Napa	5	8.0	5	7.9	4	6.2	5	7.6	7	10.5
Nevada	-	-	1	2.1	-	-	2	4.2	2	4.1
Orange	646	45.5	656	45.3	793	53.8	554	37.1	468	30.9
Placer	4	3.3	3	2.3	4	3.0	-	-	2	1.4
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	11	1.4	4	0.5	12	1.4	13	1.5	23	2.5
Sacramento	10	1.7	6	1.0	5	0.8	1	0.2	3	0.4
San Benito	-	-	-	-	-	-	-	-	1	3.4
San Bernardino	185	21.6	124	14.1	114	12.6	156	16.7	219	23.0
San Diego	448	31.5	152	10.5	63	4.3	42	2.8	17	1.1
San Francisco	1,002	252.0	1,033	257.7	1,062	264.6	987	246.3	948	235.2
San Joaquin	2	0.7	6	2.0	5	1.6	3	1.0	3	0.9
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	14	4.0	83	23.5	49	13.9	23	6.5	47	13.2
Santa Barbara	2	1.0	-	-	-	-	1	0.5	-	-
Santa Clara	13	1.5	7	0.8	15	1.7	10	1.1	18	2.0
Santa Cruz	7	5.5	3	2.3	3	2.3	4	3.1	8	6.1
Shasta	1	1.2	-	-	2	2.4	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	3	1.5	13	6.3	13	6.2	3	1.4	14	6.6
Sonoma	11	4.8	15	6.5	16	6.9	10	4.3	12	5.1
Stanislaus	-	-	-	-	-	-	-	-	-	-
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	1	3.6	2	7.0	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	2	1.1	-	-	3	1.6	-	-	-	-
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	69	18.3	27	7.0	22	5.6	14	3.5	10	2.5
Yolo	-	-	2	2.3	10	11.4	8	8.9	3	3.3
Yuba	-	-	-	-	-	-	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 males.

Source: California Department of Health Services, STD Control Branch

Table 29. Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2000–2004

COUNTY	Cases				
	2000	2001	2002	2003	2004
CALIFORNIA	2	2	2	0	1
Alameda	-	1	-	-	-
— Berkeley ¹	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	1	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	-	-	-	-	-
— Long Beach ¹	-	-	-	-	-
— Pasadena ¹	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	-	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	-	-	-	1
San Francisco	-	1	-	-	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	-	-	-
San Mateo	-	-	-	-	-
Santa Barbara	-	-	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	-	-	-	-
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	-	-
Sonoma	-	-	-	-	-
Stanislaus	1	-	-	-	-
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	-	2	-	-
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	-	-
Yuba	-	-	-	-	-

¹ City Health Department numbers are included in their respective county totals.

Source: California Department of Health Services, STD Control Branch

**A
P
P
E
N
D
I
X**

**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812
Reportable Diseases and Conditions***

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

- ☎ = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- † = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
- = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643

Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")		☎ Paralytic Shellfish Poisoning
FAX ☎ ☒ Amebiasis		☎ Pelvic Inflammatory Disease (PID)
FAX ☎ ☒ Anisakiasis	FAX ☎ ☒ Pertussis (Whooping Cough)	
☎ Anthrax	☎ Plague, Human or Animal	
FAX ☎ ☒ Babesiosis	FAX ☎ ☒ Poliomyelitis, Paralytic	
☎ Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒ Psittacosis	
☎ Brucellosis	FAX ☎ ☒ Q Fever	
FAX ☎ ☒ Campylobacteriosis	☎ Rabies, Human or Animal	
Chancroid	FAX ☎ ☒ Relapsing Fever	
Chlamydial Infections	Reye Syndrome	
☎ Cholera	Rheumatic Fever, Acute	
☎ Ciguatera Fish Poisoning	Rocky Mountain Spotted Fever	
Coccidioidomycosis	Rubella (German Measles)	
FAX ☎ ☒ Colorado Tick Fever	Rubella Syndrome, Congenital	
FAX ☎ ☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)	
FAX ☎ ☒ Cryptosporidiosis	☎ Scombroid Fish Poisoning	
Cysticercosis	☎ Severe Acute Respiratory Syndrome (SARS)	
☎ Dengue	FAX ☎ ☒ Shigellosis	
☎ Diarrhea of the Newborn, Outbreaks	☎ Smallpox (Variola)	
☎ Diphtheria	FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)	
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)	
Echinococcosis (Hydatid Disease)	FAX ☎ ☒ Syphilis	
Ehrlichiosis	Tetanus	
FAX ☎ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	Toxic Shock Syndrome	
☎ <i>Escherichia coli</i> O157:H7 Infection	Toxoplasmosis	
† FAX ☎ ☒ Foodborne Disease	FAX ☎ ☒ Trichinosis	
Giardiasis	FAX ☎ ☒ Tuberculosis	
Gonococcal Infections	☎ Tularemia	
FAX ☎ ☒ <i>Haemophilus influenzae</i> Invasive Disease	FAX ☎ ☒ Typhoid Fever, Cases and Carriers	
☎ Hantavirus Infections	Typhus Fever	
☎ Hemolytic Uremic Syndrome	☎ Varicella (deaths only)	
Hepatitis, Viral	FAX ☎ ☒ <i>Vibrio</i> Infections	
FAX ☎ ☒ Hepatitis A	☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	
Hepatitis B (specify acute case or chronic)	FAX ☎ ☒ Water-associated Disease	
Hepatitis C (specify acute case or chronic)	FAX ☎ ☒ West Nile Virus (WNV) Infection	
Hepatitis D (Delta)	☎ Yellow Fever	
Hepatitis, other, acute	FAX ☎ ☒ Yersiniosis	
Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)	☎ OCCURRENCE of ANY UNUSUAL DISEASE	
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.	
Legionellosis		
Leprosy (Hansen Disease)		
Leptospirosis		
FAX ☎ ☒ Listeriosis		
Lyme Disease		
FAX ☎ ☒ Lymphocytic Choriomeningitis		
FAX ☎ ☒ Malaria		
FAX ☎ ☒ Measles (Rubeola)		
FAX ☎ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
☎ Meningococcal Infections		
Mumps		
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)		

**REPORTABLE NONCOMMUNICABLE DISEASES AND
CONDITIONS §2800–2812 and §2593(b)**

Disorders Characterized by Lapses of Consciousness
Cancer (except (1) basal and squamous skin cancer unless occurring on
genitalia, and (2) carcinoma in-situ and CIN III of the cervix)
Pesticide-related illness or injury (known or suspected cases)**

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).

